

Case Number:	CM14-0003125		
Date Assigned:	01/31/2014	Date of Injury:	09/12/2005
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology & Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient was injured on 09/12/05 while she was attempting to lift a sheet of acrylic and felt a pop in her right low back and sharp excruciating pain. The patient was been diagnosed with L4-5 disc bulge, facet arthropathy, and mild neuroforaminal narrowing and EMG/NCV studies suggested bilateral chronic L5 and mild acute right L5 radiculopathy. The patient underwent L4-5 total disc replacement on 07/08/08 which was complicated by dental injury and colon infection. The patient reports her pain at 5/10 and is well controlled with current pain medication regimen. The patient does have issues with tingling, numbness, and weakness in the lower extremities, left greater than right, stress urinary incontinence with sneezing and laughing, and intermittent diarrhea and constipation after colon infection. Current medications include Ambien 10mg QD, Lidoderm patches QD, Zanaflex 4mg PRN, Norco 325/10mg TID PRN, Neurontin 600mg TID, Omeprazole 20mg QD, Venlafaxine 100mg QD, and Lorazepam 0.5mg TID PRN.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AMBIEN 10 MG #15 I TABLET ORALLY ONCE A DAY FOR 3 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Additionally, the request is for Ambien 10 mg #15 1 tablet orally once a day for 3 days, is inconsistent with the use of the medication. Therefore, the request for Ambien 10 Mg #15 1 tablet orally once a day for 3 days is not medically necessary and appropriate..