

Case Number:	CM14-0005307		
Date Assigned:	01/24/2014	Date of Injury:	12/27/2013
Decision Date:	06/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine and is licensed to practice in California. 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 is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of August 4, 2010. Treatment to date has included extracorporeal shockwave procedure and medications, including Ambien 10 mg one by mouth as needed (since October 2012). Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain accompanied by sleep difficulty. On physical examination, the patient ambulated with a cane. Lumbar spine exam revealed spasm and tenderness in the paralumbar muscles with limited range of motion. Neurological testing was intact. Utilization review from January 2, 2014 denied the request for Ambien 10 mg q6-8hours #30 because there was no mention of sleep difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

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

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, Ambien was being prescribed since October 2012 (19 months to date), which is clearly beyond the recommended duration of treatment. Furthermore, the most recent medical report still noted sleep difficulties; thus, there was no documented functional gains from the use of Ambien. There is no clear indication for continued use of this medication; therefore, the request for AMBIEN 10MG #30 is not medically necessary.