MAXIMUS Federal Services

Case Number:	CM14-0008095		
Date Assigned:	02/12/2014	Date of Injury:	12/01/2009
Decision Date:	07/17/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 33-year-old male with a 12/1/09 date of injury. The exact mechanism of injury has not been described. On 12/13/13, the patient has lower back pain without radiation. He rates his pain level as a 6/10. He is motivated to return to work. He has previously completed a FRP. The patient gets Ambien and gabapentin from an outside pharmacy and has to pay out of pocket. He sleeps for variable lengths and takes daytime naps as needed. Objective exam demonstrated the patient is alert, oriented, and can ambulate to the examination room without assistance. Diagnostic Impression is Long-term use of medications, Lumbosacral Spondylosis, and Lumbar Degenerative Disease. Treatment to date: FRP, medication management, activity modification. A UR decision dated 12/22/13 denied the request for Ambien because the guidelines do not support the long-term use of Ambien. There is no documentation the patient has tried and failed sleep hygiene. The risks of Ambien, such as further functional impairment, increased pain levels, and increased levels of depression are counterproductive in the current clinical setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG TABLET SIG 1 PO QHS PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter: Ambien ; Other Medical Treatment Guideline or Medical Evidence:FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, this patient has been on Ambien long-term. In addition, it is noted that despite the use of Ambien, the patient only sleeps for variable lengths and takes daytime naps as needed. Guidelines do not support the long-term use of sedative hypnotics due to the fact that they can be habit-forming, and may impair memory and function more than opioid pain relievers. There is also concern they may increase pain and depression over the long-term. Therefore, the request for Ambien 5 mg Tablet Sig 1 PO QHS prn was not medically necessary.