

Case Number:	CM14-0103558		
Date Assigned:	07/30/2014	Date of Injury:	01/07/2002
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 American Board of Family Practice 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:

47-years-old female claimant sustained a work injury on 1/8/02 involving the low back and legs. He was diagnosed with degenerative disk disease of the thoracic spine. He had disc herniation of the L4-L5 region and underwent a laminectomy. Subsequently he developed post-laminectomy syndrome and had placement of a spinal cord stimulator. A progress note on 5/22/14 indicated the claimant had been using Zanaflex and Methadone for pain. He had difficulty sleeping due to pain and had used Ambien 10 mg - 2 tablets at night. The claimant had been on this dose regimen of Ambien for at least 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's: The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines Workers Compensation Drug Formulary.

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

Decision rationale: The MTUS and ODG guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Adults who use Ambien have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The recommended dose is up to 12.5mg. The claimant had been on 20 mg for several months. The continued use at a high dose for long-term use is not recommended and not medically necessary.