

Case Number:	CM14-0011391		
Date Assigned:	02/21/2014	Date of Injury:	02/12/2003
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Family Practice and is licensed to practice Tennessee, California and Virginia. 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 injured worker is a 57-year-old male injured on 02/12/03 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. The injured worker has been followed for ongoing chronic low back pain following a previous lumbar fusion for complaints of neck pain, rib fractures, and ongoing complaints of headaches. Additionally, the patient has been diagnosed with major depressive disorder, and severe and psychological factors affecting medical condition. Previous medical conditions included the development of H.pylori infection which was treated with antibiotics. The injured worker did have a prior ulcer history as well as hypertension. The injured worker has had prior use of Omeprazole. The injured worker is noted to have had a non-industrial related appendectomy in November of 2013. The clinical note dated 11/01/14 indicates the patient's overall symptoms remain unchanged. He was depressed and tearful and complained of irritability. The patient reported he slept approximately 6 hours per night and that the medications helped. The documentation indicated the patient has been taking the medications for approximately 3 years. The clinical report with [REDACTED] on 11/21/13 noted persistent headaches as well as low back pain radiating to the lower extremities. The injured worker's current medication regimen has included Kadian 20mg every 12 hours, Percocet 10/325mg up to twice a day for severe breakthrough pain, Lyrica 150mg twice daily, topical analgesics, Tizanidine, Omeprazole secondary to gastrointestinal symptoms caused by medications, and Laxacin for constipation. Follow up with [REDACTED] on 12/17/13 noted the injured worker was stable in regards to low back pain radiating to the lower extremities as well as daily headaches with the current medication regimen. No change on physical examination was noted. The injured worker returned for follow up with [REDACTED] on 01/15/14. No changes in symptoms were noted and the injured worker continued to report stable pain with

current medications. The initial request for Ambien CR 12.5mg 1 HS #30 was certified with modification on 01/10/14 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG 1 HS #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), Mental Illness and Stress.

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), 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. In this case, the patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. However, abrupt discontinuation would be detrimental to the patient's health; therefore a tapering period should be allowed. As such, the request for Ambien CR 12.5mg 1 hs #30 cannot be recommended as medically necessary.