

Case Number:	CM14-0017530		
Date Assigned:	04/14/2014	Date of Injury:	06/27/1996
Decision Date:	06/02/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/12/2014

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 has submitted a claim for low back and left lower extremity pain with an industrial injury date of June 27, 1996. The treatment to date has included spinal cord stimulator trial and medications, including Ambien CR (Zolpidem) 12.5 mg 1 tab at bedtime (since March 2013). The medical records from 2013 were reviewed, which showed that the patient complained of low back and left lower extremity pain, 5/10 with medications and 10/10 without medications, and associated with difficulty sleeping. On physical examination, gait was antalgic with pain and difficulty with transfers from sitting to standing. There was decreased range of motion for flexion and extension. Range of motion was grossly normal for major joints. Psychiatric examination was unremarkable. The utilization review from January 8, 2014 denied the request for Ambien CR 12.5 #30 per month with refill. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 AMBIEN CR, 12.5MG TAB, QHS #30, REFILL X 1 FOR SLEEP DUE TO LUMBAR SPINE PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Formulary, and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, Physician's Desk Reference, 68th ed., www.RxList.com, Epocrates

Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator-AMDD Agency medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

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: The CA MTUS does not specifically address Ambien; however, the Official Disability Guidelines (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, the patient has been on Ambien since March 2013 (14 months to date), which is beyond the duration recommended by the ODG guidelines; however, the medical records did not report continued functional benefits from this medication. There is no indication for continued use of this medication; therefore, the request for 1 Ambien CR, 12.5mg tab, qhs #30, refill x1 for sleep due to lumbar spine pain, as an outpatient, is not medically necessary.