

Case Number:	CM14-0129039		
Date Assigned:	08/18/2014	Date of Injury:	09/12/1990
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male with a reported date of injury of 09/12/1990. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post open repair of a significant ankle sprain, status post multiple failed spinal surgical procedures with result in L3 to sacrum posterior and anterior fusion and placement of spinal cord stimulation unit for battered nerve root syndrome. His previous treatments were noted to include surgery, physical therapy and medications. The progress note dated 02/02/1994 revealed the injured worker was on minimal medication at that time, including only Motrin. The injured worker complained of back and bilateral thigh pain. The physical examination revealed posterior tenderness and L4-5 mobility was present at 40 degrees of flexion, extension was to 10 degrees and straight leg raise testing was negative. The examination of the ankle showed good dorsiflexion to 20 degrees, compared to 30 degrees on the opposite side. The Request for Authorization form was not submitted within the medical records. The request was for Ambien 10 mg at bedtime #30: determination date 07/14/2014; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg qhs #30: Determination date: 07/14/2014: 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, Zolpidem (Ambien).

Decision rationale: The request for Ambien 10 mg at bedtime #30: Determination date: 07/14/2014 is not medically necessary. The injured worker complains of back pain. The Official Disability Guidelines is a prescription short acting nonbenzodiazepine hypnotic, which approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is a lack of documentation regarding efficacy of this medication. There was not a recent, complete, adequate assessment submitted within the medical records. There was a lack of documentation regarding sleep duration and quality to warrant Ambien. Therefore, the request is not medically necessary.