

Case Number:	CM14-0134728		
Date Assigned:	08/27/2014	Date of Injury:	12/23/2005
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/21/2014

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:

The patient is a 49 year old female who sustained an industrial injury on 12/23/2006. She has not worked since her date of injury. Her surgical history includes s/p cervical fusion surgery in 2008 and s/p lumbar fusion surgery in 2010. Treatment has also included 4 full weeks of [REDACTED] program and medications. 06/19/2014 - Peer Review determination authorized Ambien 10 mg for #15 and continue Cymbalta and Gabapentin as prescribed. It was indicated MTUS guidelines did not support chronic use of Ambien. The patient had been using this medication chronically and it was likely that the patient developed both tolerance and dependence. Since abrupt cessation would be harmful, Ambien 10 mg #15 was approved for tapering and weaning. Further, it was indicated that Ambien was not a pain reliever and MTUS guidelines regarding insomnia recommend addressing the cause of the insomnia. A prior peer review was completed on 7/18/2014, which approved the request for Gabapentin 300mg #90, and denied the request for Ambien 10mg #15. On 7/10/2014, the patient reports having good days and bad days. She continues to have burning type pain in the back at times. She is using Flexeril for spasm control, which is beneficial. She also uses Ambien nightly for sleep, which helps pain control. She reports continuing her HEP, walk 2-4 hours, stand 2 hours, sit 2 hours, lift 5 lbs., and complete her ADLs. She is using a positive attitude to deal with pain, and positive actions to increase activity. She reports no side effects from medications. Objective findings reveal she is awake, alert, oriented, transfers with stiffness and guarding, ambulates with antalgic gait, has functional ROM and strength of the lower extremities, equal sensation to touch, limited back ROM in all direction with tenderness in the spinous process at cervical to lumbar region. Treatment plan requests authorization to discontinue Methadone, and continue Flexeril, Ambien and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #15: 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) (<http://www.odg-twc.com/odgtwc/pain.htm>); regarding insomnia; Zolpidem (Ambien)

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

Decision rationale: According to Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The patient has been using Ambien nightly. The medical records indicate the patient has been using Ambien at least since August 2013. However, prolonged use of sleep aids, such as Ambien, is not recommended or supported by the medical guidelines. 06/19/2014 - Peer Review determination authorized Ambien 10 mg for #15 for tapering and weaning based on the fact that the patient was on it chronically and could have developed both tolerance and dependence. There is no evidence of active insomnia due to pain. In addition, the guidelines generally recommend addressing the cause of the sleep disturbance. The medical records do not document appropriate sleep hygiene is being utilized. There is no clear indication for continued Ambien when a recommendation was made previously by the peer reviewer dated 06/19/2014 for tapering and weaning. Therefore the request for Ambien is not medically necessary according to the guidelines.