

Case Number:	CM14-0159469		
Date Assigned:	10/03/2014	Date of Injury:	12/12/1999
Decision Date:	11/06/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

This injured worker is a 49 year old male who reported an injury on 12/21/1999. The mechanism of injury reportedly occurred while assisting a wheelchair customer. His relevant diagnoses included lumbosacral neuritis, radicular syndrome of the lower limbs, and lower back pain. His past treatments included trigger point injections, surgery, and acupuncture. The injured worker had a lumbar fusion at the L2-Ls & L3-L4 levels, as well as, hardware removal in 2008 and cervical facet rhizotomy in October 2013. On 09/03/2014 the injured worker complained of ongoing significant low back pain with radicular symptoms, bilateral hip pain, neck pain, headaches, and pain to the right shoulder. Upon physical examination there was no documentation indicating any issues relative to sleep were identified. His medications included Ibuprofen 800mg, Omeprazole 20mg, and Orphenadrine Citrate 100mg. The treatment plan was to address his pain in a interdisciplinary fashion including medication optimization and physical rehabilitation. The request was for Ambien CR 112.5mg at bed time, as an outpatient. The requesting physician's rationale for the request was not indicated within the provided documentation. No Request for Authorization form was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 112.5mg at bed time, as an outpatient, submitted diagnosis cervical spondylosis with associated cervicogenic headaches, lumbar post laminectomy syndrome with residual bilateral lower extremity radiculopathy, right greater than left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ambien. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC/ODG Integrated Treatment/Disability Duration

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

Decision rationale: The request for Ambien CR 112.5mg at bed time, as an outpatient, submitted diagnosis cervical spondylosis with associated cervicogenic headaches, lumbar post laminectomy syndrome with residual bilateral lower extremity radiculopathy, right greater than left is not medically necessary. The injured worker complains of low back pain and is on medication for chronic pain. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Clinical documentation provides no evidence that injured worker is experiencing insomnia or sleep disturbances. There is no objective evidence to support a diagnosis of insomnia. There is a lack of documentation demonstrating the physician's course of treatment thus far. There is a lack of documentation indicating how long the injured worker has been prescribed this medication and whether the medication is effective in decreasing the injured worker's insomnia symptoms. As such, the request for Ambien CR 112.5mg at bed time, as an outpatient, submitted diagnosis cervical spondylosis with associated cervicogenic headaches, lumbar post laminectomy syndrome with residual bilateral lower extremity radiculopathy, right greater than left is not medically necessary.