

Case Number:	CM14-0165017		
Date Assigned:	10/10/2014	Date of Injury:	02/01/2002
Decision Date:	11/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal 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 injured worker is a 69 year old male with a reported date of injury on February 01, 2002. The patient was seen by his primary treating physician on 8/13/2014. He was also seen by the same treating physician on May 2014 and Feb 2014. He had complaints of low back pain. There was paraspinal tenderness and spasm on examination. There was pain on active range of motion of lumbar spine and limited range of motion. Gait was noted to be antalgic. The patient appeared to be in no acute distress. His mood and affect were noted to be normal. He was on Zanaflex, Vicodin and Ultram for pain and spasms. Prilosec was also prescribed, in addition to a request for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in workers comp, 12th Edition, Pain (chronic) (updated 07/10/2014), Zolpidem.

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

Decision rationale: Ambien is a GABA receptor agonist and is used for insomnia, particularly sleep onset insomnia. It is indicated as a short term measure and carries the risk of misuse, physical and psychological dependence, diversion and worsening of mood. It is also associated with the risk of respiratory depression, particularly when given with opiates, which the patient is on, and Zanaflex, which also the patient is on. There is no documentation in furnished records of why the patient is on Ambien, whether any attempt has been made to wean the patient off this medication, whether other more appropriate and mainstream long term measures for insomnia such as sleep hygiene and treatment of underlying biopsychosocial disorders have been addressed. If the patient has insomnia, it is important to establish when it occurs, whether it relates to onset or maintenance or both, whether there are complicating medical illnesses such as poorly controlled pain and whether there are complicating psychological illnesses such as depression or drug dependence. The provider has not furnished any documentation of these issues. Therefore, the request for Ambien, in the context of ongoing opiate treatment and Zanaflex treatment, and for the long term, is not medically advisable. As such, the request for Ambien CR 12.5mg #90 is not medically necessary and appropriate.