

Case Number:	CM14-0175843		
Date Assigned:	10/28/2014	Date of Injury:	07/01/2004
Decision Date:	12/05/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain with derivative complaints of insomnia reportedly associated with cumulative trauma at work first claimed on July 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; a TENS unit; sleep aids; and apparent imposition of the permanent work restrictions. In a Utilization Review Report dated October 22, 2014, the claims administrator retrospectively approved request Norco and Flexeril while retrospectively denying Ambien. The applicant's attorney subsequently appealed. In a September 12, 2014 progress note, the applicant reported ongoing complaints of low back pain with a recent flare of the same. The applicant was reportedly using Norco, TENS unit, and Ambien. Multiple medications were refilled, including 90 tablets of Norco, 90 tablets of Ambien, and 15 tablets of Flexor. The applicant was apparently permanent and stationary, it was acknowledged. It does not appear that the applicant was working with said permanent limitations in place. In an earlier note dated June 19, 2014, the applicant was given 90 tablets of Norco and 90 tablets of Ambien, representing a three-month supply of the same. The applicant was asked to continue using a TENS unit occasionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ambien 10 mg dispensed 9/12/14 Qty: 90.00: 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), Drug Formulary (updated 9/30/14), Ambien

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Functional Restoration Approach to Chronic Pain Management section.2. Food and Dru.

Decision rationale: While the MTUS does not address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, it appears that the applicant has been using Ambien on a chronic, long-term and/or nightly use basis for what appears to be span of several months to several years. This is not an FDA-endorsed role for the same. The attending provider did not furnish any applicant-specific rationale or medical evidence, which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.