

Case Number:	CM14-0179066		
Date Assigned:	11/03/2014	Date of Injury:	11/28/2007
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 51-year-old with a reported date of injury of 11/28/2007. The patient has the diagnoses of status post lumbar interbody fusion, right lower extremity radiculopathy, morbid obesity, medication-induced gastritis and lumbar SCS permanent implantation. Per the most recent progress notes provided for review from the primary treating physician dated 09/18/2014, the patient had complaints of continues to complain of pain in the lower back radiating down to her right leg. The physical exam noted tenderness to palpation in the lumbar spine and pain with range of motion and a positive straight leg raise test on the right. There was decreased sensation on the right lower extremity. Treatment recommendations included continuation of medication with the addition of gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Stress & Mental Illness Chapter

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG; Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. This medication is not intended for long-term ongoing use in the treatment of insomnia. There is no documentation of failure of first line treatment choices for insomnia. Therefore the request is not certified.