

Case Number:	CM14-0184082		
Date Assigned:	11/10/2014	Date of Injury:	04/09/2003
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 57 year old male presenting with a work related injury on 04/09/2003. On 10/07/2014, the patient complained of back pain. The pain is rated a 4/10. His medications include Norco 10/325mg, Topamax 50mg, Prilosec 20mg, Ambien 10mg, Colace 100mg and Fexmid 7.5mg. The patient continued to complain of gastrointestinal symptoms with medications and despite the Prilosec. The physical exam showed antalgic gait, tenderness along the lumbar musculature bilaterally, decreased range of motion, pain with flexion and extension, decreased sensation along the medial calf bilaterally, right greater than left, straight-leg raise is also positive bilaterally at about 45 degrees, right greater than left, decreased sensation along the posterior lateral thigh, lateral calf and dorsum and plantar aspect of the foot bilaterally. Lumbar MRI showed postoperative changes at L4-5 and L5-S1 with postoperative scarring in the spinal canal, mild stenosis at L3-4 related to congenital narrowing, EMG revealed bilateral L5-S1 radiculopathy. The patient was diagnosed with lumbar post-laminectomy syndrome status post L4-5 and L5-S1 posterior lumbar interbody fusion with removal of posterior fusion hardware. Bilateral lower extremity radiculopathy, reactionary depression and anxiety and spinal cord stimulator trial, 12/17/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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: Pain (Chronic): Ambien (Zolpidem)

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

Decision rationale: The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. Ambien 10mg #30 is not medically necessary.