

Case Number:	CM14-0185794		
Date Assigned:	11/13/2014	Date of Injury:	03/13/1994
Decision Date:	12/19/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 74-year-old male presenting with a work-related injury on March 13, 1994. The patient is being treated for chronic low back pain which radiated into the light. On October 9, 2014 the physical exam was significant for increased low back and bilateral leg pain that was exacerbated sitting, standing and walking. The patient reported that the medications allows him to perform activities of daily living, including self-grooming, walking, and cooking. The physical exam also demonstrated low, Canas is the cannulation, reduce lumbar range of motion, positive straight leg raise at 45 on the left, and a tender left lower back from L4 to S1; in addition there was a decrease sensation to the posterior lateral thigh, clicking and a positive Faber in the hip. A request was made for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg # 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 (ODG) Ambien

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

Decision rationale: Ambien 10 mg # 30 is not medically necessary. 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. It is more appropriate to set a weaning protocol at this point. Ambien 10mg is not medically necessary.