

Case Number:	CM14-0022295		
Date Assigned:	06/11/2014	Date of Injury:	04/01/1996
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation 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 71-year-old male with a reported date of injury on 04/01/1996. The injury reportedly occurred when the injured worker hit a pothole while driving his truck. His diagnoses were noted to include lumbar/lumbosacral disc degeneration, lumbar radiculopathy, disc disorder cervical, and cervical radiculopathy. This previous treatments were noted to include epidural steroid injections and medications. The progress note dated 02/03/2014 revealed the injured worker complained of neck pain radiating from the neck to both arms. The injured worker indicated the pain level had decreased since his last visit and his quality of sleep was fair, and his activity has remained the same. The injured worker was status post a cervical epidural steroid injection on 01/04/2014 and indicated his pain decreased by 95% and he still had about 80% pain relief. The physical examination of the cervical spine revealed restricted range of motion with right lateral bending limited to 20 degrees and left lateral bending limited to 20 degrees, but normal flexion and extension. On examination of the paravertebral muscles, tenderness and tight muscle band was noted on both sides. The Spurling's maneuver produced no pain to the neck musculature or radicular symptoms in the arm. The physical examination of the neck noted no deformities or abnormal posture and movements of the neck were restricted with lateral bending to 20 degrees, right lateral bending to 20 degrees, left lateral rotation was to 60 degrees, and right lateral rotation was to 60 degrees, but normal flexion and extension. The motor strength exam was noted to be 5/5 and the sensory examination noticed light touch sensation was decreased to the little finger on the left side. The injured worker indicated that the Ambien had been authorized and he was sleeping much better. His medication regimen was noted to include Relafen 500 mg tablets 1 daily, Lortab 10/500 one 3 times a day as needed, Neurontin 600 mg 1 three times a day, Ambien 10 mg 1.5 daily, propranolol 10 mg 1 twice a day, Lipitor 20 mg 1 daily, and nitroglycerin 0.4 mg as needed. The request for authorization

form was not submitted within the medical records. The request was for Ambien 10 mg #45, refill x1, for sleep disturbance related to chronic pain state.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG #45 REFILL:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

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

Decision rationale: The injured worker reported he had been on Ambien for approximately 5 years and the provider had written for trazodone medication as a less costly generic that may be authorized in Ambien's place. The Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents were commonly prescribed in chronic pain, pain specialists 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 the long-term. The documentation provided indicated the injured worker has been utilizing Ambien for 5 years and it helped with his sleep quality. However, the guidelines recommend Ambien only for 2 to 6 weeks, and the injured worker has been utilizing for over 5 years which does not warrant Ambien at this time. Therefore, the request is not medically necessary.