

Case Number:	CM14-0033018		
Date Assigned:	03/19/2014	Date of Injury:	11/18/2004
Decision Date:	06/24/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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, anxiety, and depression reportedly associated with an industrial injury of November 18, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; adjuvant medications; long-acting opioids; and sleep aids. In a Utilization Review Report of February 10, 2014, the claims administrator approved a request for Neurontin, approved a request for Prilosec, and approved request for long-acting morphine while denying a request for Ambien. The applicant's attorney subsequently appealed. A February 20, 2014 progress note is notable for comments that the applicant was reporting persistent anxiety and irritability. The applicant is still having neuropathic complaints or pain radiating down the right leg. The applicant was apparently using Norco, Dilaudid, Avinza, Neurontin, Ambien, Prilosec, Flexeril, Cymbalta, Zanaflex, Tenormin, gemfibrozil, Zestoretic, and acyclovir. A urology consultation was again sought. Norco, Avinza, Dilaudid, Neurontin, Cymbalta, and Ambien were sought. Ambien was reportedly sought for difficulty initiating and staying asleep owing to chronic pain issues. The applicant was described as using Ambien on earlier visits of January 30, 2014, January 2, 2014, and December 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG TABLET #120 TAKE 1 AT BEDTIME AS NEEDED: 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), Chronic Pain Chapter, Zolpidem (Ambien).

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem topic, zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. In this case, the applicant has seemingly been using this medication for several months, on a scheduled basis. The 120-tablet supply being proposed also implies long-term and scheduled usage. This is not an improved indication for Ambien. Accordingly, the request remains not certified, on Independent Medical Review.