

Case Number:	CM14-0034317		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2011
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 patient is a 50 year old male who was injured on 02/08/2001. The mechanism of injury is unknown. Prior medication history included Ambien, and Percocet, Norco, Celebrex. The patient underwent lumbar spine surgery for removal of hardware on 02/28/2013. A progress report dated 03/01/2014 states the patient complained of low back pain. He states his pain has remained unchanged since the last visit. On exam, the lumbar spine revealed range of motion is restricted with flexion limited to 40 degrees and extension limited to 10 degrees by pain. There are paravertebral muscle spasms, tenderness, and tight muscle band on both sides. Motor exam is limited by pain. Deep tendon reflexes revealed knee jerk is 1/4 on the right side and 2/4 on the left side, ankle jerk is 1/4 on the right side and 2/4 on the left side. Straight leg raise test is positive on the right side. Diagnoses are spinal lumbar degenerative disk disease and low back pain. The patient was prescribed Ambien 10 mg, MS Contin 15 mg, Percocet 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG As Needed Quantity 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the ODG guidelines, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are 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 may. There is also concern that they may increase pain and depression over the long-term. This is a request for Ambien (Zolpidem) for 50-year-old male with chronic low back pain and poor sleep. He is taking Ambien on a chronic basis. However, long-term use is not recommended. Medical records do not document improvement on this medication nor do they provide a rationale for an exception to this guideline. Medical necessity is not established.