

Case Number:	CM14-0041378		
Date Assigned:	06/27/2014	Date of Injury:	08/02/2011
Decision Date:	12/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 08/02/2011. The mechanism of injury was due to repetitive trauma due to customary job duties. The injured worker has diagnoses of syndrome post laminectomy to lumbar spine and spondylosis of the lumbosacral region. Past medical treatment consists of surgery, physical therapy, injections, and medication therapy. Medications include Ambien 10 mg, Venlafaxine HCL 37.5 mg, and Methadone HCL 5 mg. On 01/27/2014, a urinalysis was obtained showing that the injured worker was compliant with prescription medications. On 02/24/2014, the injured worker complained of low back pain. The physical findings of the lumbar spine revealed sensation was intact to light touch and pinprick bilaterally to the lower extremities. There was a negative straight leg raise test. There was documentation of spasm and guarding of the lumbar spine. Lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion, and extensor hallucis longus. The medical treatment plan is for the injured worker to continue the use of Ambien 10 mg before bed. A rationale was not submitted for review. The Request for Authorization form was submitted on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg at HS #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 (updated 01/07/14) 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), Pain Chapter, Ambien

Decision rationale: The request for Ambien 10 mg at HS #30 is not medically necessary. According to the Official Disability Guidelines, they state that Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for short term use, 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. Various medications may provide short term benefit. While sleep pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long term use. Cognitive behavioral therapy (CBT) should be an important part of insomnia. The submitted documentation indicated that the injured worker had been on Ambien since at least 02/2014, exceeding the recommended guidelines for short term use. Additionally, there was no rationale submitted for review to warrant the continuation of the medication. Furthermore, there was no indication of the injured worker having undergone any cognitive behavioral therapy. Given the above, the injured worker is not within Official Disability Guidelines criteria. As such, the request is not medically necessary.