

Case Number:	CM14-0044644		
Date Assigned:	07/02/2014	Date of Injury:	08/02/2007
Decision Date:	08/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 61-year-old female with an industrial injury on August 2, 2007. The injured worker has low back pain, lumbar radiculopathy, pain related sleep disturbance with about 2 to 3 hours of sleep loss per night, and has a history of L4-5 into discectomy a utilization review determination had noncertified this request because no efficacy of the medication in relieving the patient's insomnia was noted, a thorough assessment of the patient's insomnia has not been documented, and the prescription has been ongoing for 8 months which exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Illness Chapter, Ambien Topic.

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Zolpidem. Therefore the Official Disability Guidelines are utilized which

specify the following:ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness ChapterZolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults.).In the case of this injured worker, there is documentation spanning several months of the use of Ambien on an as needed basis at night. Although the prescriptions are typically for 15 pills, indicating that the patient does not use this daily, this exceeds guidelines in terms of duration of use. Therefore, the request for Ambien 5mg #15 is not medically necessary and appropriate.