

Case Number:	CM14-0055661		
Date Assigned:	06/16/2014	Date of Injury:	11/09/2010
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old man who sustained a work-related injury on November 9, 2010. Subsequently the patient developed a chronic pain syndrome, lumbar back pain, and left knee pain. According to a note dated on January 31, 2014, the patient's pain worsened on the left knee. In the low back, the patient experienced aching pain. His pain was worse with movements. His pain was better with medication, injection, and H-wave. He rated his pain without medication 6-8/10 and 3/10 with medications. Objective findings included diminished sensation in right anterior-lateral thigh, positive Patrick's sign on right, paraspinal tenderness, positive straight leg raise, and pain with flexion and extension. Prior treatments included Norco, Ambien, Flexeril, and lumbar spine steroid injection. The patient was on Ambien for more than year. His last urine drug screen performed on January 31 2013 was negative for drug abuse. The provider requested authorization for Ambien 12.5 mg and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF AMBIEN CR 12.5MG #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 (Chronic).

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

Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS (Central Nervous System). All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency". Ambien is not recommended for long-term use to treat sleep problems. It seems that the patient has been prescribed Ambien for over 1 year without clear documentation of efficacy. The patient's use has far exceeded guideline recommendations. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. Therefore, the prescription of Ambien CR 12.5mg #30 is not medically necessary.

ONE URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78: 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". According to the submitted documents, the patient does not appear to be at risk for drug abuse. In addition, the patient had a drug screen on January 31, 2014. Although this screen was negative, it is congruent with the patient's Norco usage as he uses it only for flare-ups. Since the patient had a recent urine screen, and it was congruent with his medication usage, the request for Urine drug screen is not medically necessary.