

Case Number:	CM14-0057394		
Date Assigned:	07/09/2014	Date of Injury:	11/09/2000
Decision Date:	09/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with a 1/9/00 date of injury. The mechanism of injury was when the injured worker was stopped at a stop light in his boss' pickup truck to run errands and was hit in the rear by a large van. She did not feel any particular pain until several hours later, the pain was reported to be mostly in her neck, back, and head. According to a 6/5/14 progress report, the patient stated that he has ongoing aching lumbar pain requiring medications for control. He asked to be evaluated for a back brace. Objective findings: normal gait, lower extremity motor strength 5/5, lumbosacral range of motion (ROM) was forward flexion 50 degrees, hyperextension 5 degrees, right lateral bend 5 degrees, left lateral bend 5 degrees. Diagnostic impression: low back pain, insomnia, muscle spasm, cervicgia, myofascial pain syndrome, and opioid dependence. Treatment to date: medication management, activity modification, transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. A UR decision dated 4/16/14 modified the request for Ambien CR 12.5 mg from 30 tablets to 23 tablets for weaning purposes. A review of the submitted records indicated that the patient has been using this medication since at least 3/7/12 and continued to report difficulty sleeping. As such, the request for Ambien does not appear to be medically necessary and should be weaned.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Pain (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Official Disability Guidelines (ODG): Pain Chapter, Ambien, and Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports provided for review, the patient is noted to have been on Ambien CR since at least 8/14/13, if not earlier. In addition, according to the UR decision dated 4/16/14, the patient has been on Ambien CR since at least 3/7/12. Guidelines do not support the long-term use of Ambien. Therefore, the request for Ambien CR 12.5 mg #30 was not medically necessary.