

Case Number:	CM14-0063841		
Date Assigned:	07/11/2014	Date of Injury:	12/28/2002
Decision Date:	08/13/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/07/2014

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 California and Washington. 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 70-year-old female with a reported date of injury on 12/28/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar sprain/strain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar stenosis, and sacroiliitis. Previous treatments were noted to include medications and exercise. The progress note dated 04/09/2014 revealed the injured worker was having more trouble with her back and some left lower extremity radiculopathy after walking. The injured worker reported that she took a nice hike around [REDACTED] and woke up with more pain, as well as referral of pain down her buttock/posterior thigh. The physical examination revealed a neurocirculatory status was intact and tenderness to palpation to the left lower lumbar and sacroiliac. The provider indicated there was some loss of motion and pain with extension, and a decrease in range of motion. The provider prescribed Ambien 5 mg as needed for insomnia, 1 tablet at night #30, and the injured worker was encouraged not to take Ambien nightly as she understood that it was addictive in nature. The progress note dated 07/08/2014 revealed the injured worker complained of right knee pain that had been improving and she did not require medications as the weather was also better. The injured worker revealed she was worse with prolonged walking, taking stairs, climbing up ramps as well as prolonged standing. The injured worker indicated she was no longer taking Ambien and was still benefiting from the use of Flector and Celebrex. The physical examination revealed the injured worker was nontender and nonspasmodic. She had a negative Spurling's sign and motor strength was rated 5/5 in both lower extremities. Her sensibility was intact and there was a mild right Romberg's sign that was positive. The injured worker has deep tendon reflexes 1/4 throughout both lower extremities and the range of motion was complete in all directions except upon extension and moderate pain upon left lateral flexion referring to the left side. The request for authorization form was not submitted within the medical records. The request was for a prospective usage of Ambien 5 mg due to insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Ambien 5 mg: 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, 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, Zolpidem (Ambien).

Decision rationale: The request for prospective usage of Ambien 5 mg is not medically necessary. The injured worker utilized Ambien for 1 week due to insomnia. The Official Disability Guidelines state Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 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. There is also concern that they may increase pain and depression over the long-term. There is a lack of clinical documentation regarding insomnia such as sleep quality, duration of sleep, and nocturnal awakenings, and daytime sleepiness to warrant Ambien. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

