

Case Number:	CM14-0065839		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2002
Decision Date:	08/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 and is licensed to practice in Illinois. 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 73-year-old male with a reported date of injury on 05/09/2002. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbago, thoracic/lumbosacral neuritis/radiculitis, and degenerative lumbar/lumbosacral intervertebral disc disease. His previous treatments were noted to include lumbar facet block and medications. The progress note dated 04/09/2014 revealed the injured worker complained of chronic low back pain and bilateral leg pain. The injured worker had a medial branch block performed 03/19/2014 and noted he had pain relief for a day or so but was sore after the injection for 8 hours after the injection, then he had another episode of relief on the day after and he did not even take any pain medications. The injured worker revealed the relief lasted for about 2 days. The injured worker complained of poor sleep quality due to pain. His medications were noted to include Ambien 10 mg 1 every night #30, fentanyl 100 mcg/hour 1 every 72 hours as needed for pain, Lorzone 750 mg 1 to 2 tablets twice a day as needed, Percocet 10/325 mg 1 taken 3 times a day as needed for pain. The physical examination revealed the injured worker had an ongoing return of baseline axial pain in his low back. The injured worker had lumbar paraspinal muscle tenderness and low back spasms. The request for authorization form dated 04/11/2014 was for Ambien 10 mg 1 by mouth at bedtime #30 for sleep difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Pieces of Ambien (Zolpidem) 10mg, 1 PO q HS for symptoms related to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2006 Physician's Desk Reference, 68th Ed, www.RxList.com, Official Disability Guidelines Workers Compensation Drug Formulary - <http://www.odgtwc.com/odgtwc/formulary.htm>, [drugs.com](http://www.drugs.com), Epocrates Online - www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

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 30 Pieces of Ambien (Zolpidem) 10mg, 1 by the mouth every night at bedtime for symptoms related to the Lumbar Spine is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The Official Disability Guidelines state zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for 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 they may increase pain and depression over the long-term. The documentation provided indicated the injured worker was still having sleep difficulties due to pain despite the utilization of Ambien. The guidelines recommend short-term use of Ambien, usually 2 to 6 weeks for the treatment of insomnia. Therefore, due to the guideline recommendation of short-term use and the lack of efficacy of this medication, Ambien is not appropriate at this time. Therefore, the request is not medically necessary.