

Case Number:	CM14-0066791		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2003
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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 40 year old female who was injured on 01/31/2003. Mechanism of injury is unknown. Prior treatment history has included the following medications as of 03/04/2014: Ambien CR, Dexilant, Pristiq ER, Neurontin, Dilaudid, Senna, Soma, clonazepam, Exalgo ER, Seroquel 50 mg and ranitidine 150 mg. Progress Notes dated 11/05/2013, 12/24/2013, 01/14/2014 stated that the patient was on Ambien CR and there was notation made that the quality of sleep was poor at each visit. Progress note dated 02/13/2014 (documented the patient to have complaints of lower back ache. The pain level increased since the last visit. Quality of sleep is fair. Objective findings on examination of the lumbar spine reveal the range of motion is restricted with extension limited to 5 degrees limited by pain. The exam is very limited due to the pain/guarding. Allodynia is noted on both the sides. Diagnosis: 1) Post-laminectomy syndrome 2) Low back pain 3) Fibromyalgia, myositis 4) Spasm of muscle 5) Mood disorder. Treatment Plan: Ambien is discontinued and the patient requested temazepam. The failed sleeping aids listed are: temazepam, Lunesta, Ambien, Restoril, Valium, Xanax, trazadone, doxepin. Utilization report dated 04/29/2014 denied the request for Ambien CR 12.5 mg #30 because the records reflect long term use of this medication without evidence of significant improvement with use. A progress report dated 04/15/2014 related that Ambien was one of the failed sleep aids. According to the guidelines there is also concern that Zolpidem may increase pain and depression over the long term and this patient already has psychological co-morbidity and is reported to be unhappy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg #30, one (1) at bedtime as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. However, proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, there is no evidence of improvement in sleep with prior use of Ambien and other medications prescribed for insomnia in this injured worker. Furthermore, there is no documentation of a detailed assessment of insomnia. Long term use of Ambien is not recommended especially with concurrent use of opioids, sedatives, benzodiazepines and muscle relaxants due to risk of potential adverse reactions. Therefore, the request is not medically necessary.