MAXIMUS Federal Services

Case Number:	CM14-0079337		
Date Assigned:	07/18/2014	Date of Injury:	09/20/2000
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 injured worker is a 63-year-old female who reported an injury on 09/20/2000. The mechanism of injury was not provided. Her diagnoses included status post laminectomy syndrome, lumbago lower extremities, radiculopathy right greater than left, medication-induced gastritis, depression and anxiety and SCS implant. Her current medications include Norco 10/325 8 to 10 tablets daily, Flexmed 7.5 twice a day as needed for intermediate short-term use, Ambien 10 mg 1 to 2 at bedtime, Cymbalta 30 mg 1 daily, Lidoderm 5% patch 1 patch daily. Diagnostic studies included an EMG on 08/24/2010, which revealed a bilateral L5-S1 radiculopathy. A lumbar spine MRI on 06/29/2010 revealed a 4 to 5 mm posterior disc protrusion at L2-3 and L4-5 with hypertrophic facet joint changes. There was otheoridlosis (?) of L4 related to l5 as well as L2. On 05/19/2014, the injured worker was seen for tight and achy soreness in the right side of her low back. She rated the pain at 5/10 and at 3/10 for the low back stiffness. Upon palpation of the L1-2 it looked that a moderate amount of muscle hypertonicity on the left. The treatment plan is to include manipulation to the sacral region. The treatment consisted of joint mobilization to the lumbar region the sacral region. The patient was treated with myofascial release to the lumbar region. The patient received unattended electric muscle stimulation was applied to the lumbar region. Cold packs were administered to the lumbar region. The plan is to continue her cold packs at home. The rationale was not provided. The Request for Authorization was dated 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Quantity: 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.

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

Decision rationale: The request is for Ambien 5 mg quantity 30. The injured worker has a history of low back pain. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. The documentation indicated that the injured worker has been using Ambien for chronic use. Ambien is not supported for chronic use. Ambien is not supported for long term use. As such, the request is non-certified.