

Case Number:	CM14-0080134		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2008
Decision Date:	10/01/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family Medicine 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 48-year-old male who has submitted a claim for status post (s/p) fluoroscopically-guided left sacroiliac joint radio frequency nerve ablation, s/p left knee surgery, left knee pain, L5-S1 disc protrusion with L5 neural foraminal stenosis, mild degenerative disc disease L5-S1, lumbar spine industrial injury due to altered gait from industrial left ankle injury, lumbar stenosis, lumbar facet joint arthropathy, lumbar strain/sprain, s/p left ankle surgery, left ankle derangement, associated with an industrial injury date of April 12, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 04/10/2014, showed bilateral low back pain radiating into the left buttock and into the left lateral thigh, and left lateral calf radicular pain. It was exacerbated with prolonged sitting and standing. The patient complained of disturbed sleep. Physical examination revealed lumbar and left ankle ranges of motion were restricted by pain in all directions. There was tenderness of the left ankle and lumbar paraspinal muscles overlying the L1 to L4 region. There was tenderness of the left buttock and left sacroiliac joint. There was tenderness of the left knee. Lumbar discogenic and left ankle provocative maneuvers were positive. Left sacroiliac joint provocative maneuvers, including Yeoman's, Gaenslen's and tenderness at the sacral sulcus were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in the lower extremities. Clonus, Babinski's and Hoffmann's signs were absent bilaterally. There was no muscle weakness noted. Treatment to date has included fluoroscopically-guided left sacroiliac joint radio frequency nerve ablation, left knee surgery, left ankle surgery, and medications such as Ambien since October 2013. Utilization review from 04/29/2014 denied the request for the purchase of Ambien 10mg #30 because of lack of support for long-term usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #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): Zolpidem

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

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, the earliest documented evidence of Ambien use was October 2013. The recent progress report revealed that the patient complained of disturbed sleep and Ambien allowed the patient an additional 2 hours of sleep each night making his total hours of sleep, 6 hours per night. However, the long-term use of Ambien is not in conjunction with guidelines recommendation. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Ambien 10mg, #30 is not medically necessary.