

Case Number:	CM14-0083222		
Date Assigned:	07/21/2014	Date of Injury:	06/27/2006
Decision Date:	09/23/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational 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 records presented for review indicate the injured worker is a 51-year-old female injured on 06/27/06 due to falling from a loft. The clinical note dated 06/09/14 from a pain specialist, indicated that the injured worker complained of chronic right and left ankle pain, attributed to chronic regional pain syndrome (CRPS). Diagnoses also included depression, anxiety, left lower extremity pain, low back pain, and foot pain. The injured worker underwent lumbar sympathetic block of L2, L3 on 05/27/14 and experienced 80% relief. Her pain level at the time of the clinical note was 6/10 on the visual analog scale. Her sleep disturbance from pain was reported as 10/10. Current medications included Ambien, Gralise 600mg, Norco 10/325 and Klonopin. The injured worker is also working with physical therapy for her left ankle. A prior utilization review dated 05/21/14, denied request for Ambien 12.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ambien 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(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 (ODG) Zolpidem.

Decision rationale: Zolpidem (Ambien) is recommended only in lower doses than requested and on an acute basis only. This class of medications increases fall and overdose risk, particularly when used with opioids. As noted in the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Therefore, the request of 30 Ambien 12.5mg is not medically necessary and appropriate.