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| Case Number: | CM14-0142498 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 10/16/1997 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 was a 54 year old male, who sustained an industrial injury, October 16, 1997. The injured worker previously received the following treatments Suboxone, Zanaflex, Neurontin, Ambien, Relafen and exercises by walking. The injured worker was diagnosed with lumbar spine pain, status post fusion in 1997, status post stimulator I 2004, bilateral radiculopathy, mild thoracic pain. Thoracic spine MRI in April 10, 2011, which showed large extruded disk at the T8-T9 level with small central disk protrusion at T6-T7. According to progress note of July 15, 2014, the injured workers chief complaint was ongoing thoracic and low back pain. The injured worker was doing well on current medications. The current medications were Suboxone, Zanaflex, Neurontin, Ambien and Relafen. The injured worker stated the pain was 8 out of 10 before medications and 3 out of 10 after medications. The injured worker was able to perform activities of daily living. The medications allow the injured worker to remain active with the injured worker young grandson, whom the injured worker frequently took care of. The physical exam was documented as no significant change. The treatment plan included prescription for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 4 refills: 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 (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 with 4 refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis are lumbar spine pain; status post fusion 1997; status post spinal stimulator; bilateral radiculopathy; and mild thoracic pain. The date of injury is October 16, 1997. The request for authorization is dated July 28, 2014. The earliest progress note containing an Ambien prescription is dated December 11, 2013. The injured worker was taking Ambien 10 mg at that time. According to a July 15, 2014 progress note, the injured worker is still taking Ambien 10 mg. There is no subjective documentation of insomnia in the medical record. There is no documentation indicating objective functional improvement with ongoing Ambien. The guidelines recommend short-term (7 to 10 days) for treatment of insomnia. The treating provider has continued Ambien in excess of seven months. Consequently, absent clinical documentation with the clinical indication, evidence of objective functional improvement to support ongoing Ambien and rationale for Ambien and treatment in excess of the short-term (7 to 10 day) treatment guideline, Ambien 10 mg #30 with 4 refills is not medically necessary.