

Case Number:	CM14-0184764		
Date Assigned:	11/12/2014	Date of Injury:	04/11/2010
Decision Date:	01/15/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Interventional Spine, 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 44 year old female with an injury date of 04/11/10. Based on 10/03/14 progress report, the patient complains of chronic mid thoracic pain. In progress report dated 09/02/14, the patient complains of a "lot of pain." Physical examination, as per progress report dated 06/05/14, reveals tenderness in left paraspinals at T6-T8. The patient relies on Oxycodone to reduce her pain which helps control the symptoms by 80%, as per progress report dated 10/03/14. The patient is currently off work, as per progress report dated 10/03/14. MRI of the Thoracic Spine (no date provided), as per progress report dated 10/03/14: Herniated disc at T7-T8. Diagnosis, 10/03/14:- Chronic mid thoracic pain. The treater is requesting for AMBIEN 5 mg # 30 X 4 REFILLS. The utilization review determination being challenged is dated 10/17/14. The request was "modified # 15 with no refills to wean off over next two months." Treatment reports were provided from 03/03/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 x 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) Chapter Pain (Chronic) and Topic Zolpidem

Decision rationale: The progress reports are hand-written and provide very few details. The patient complains of chronic mid thoracic pain, as per progress report dated 10/03/14. The request is for AMBIEN 5 mg # 30 X 4 REFILLS. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, the prescription for Ambien is only noted in progress report dated 09/02/14. The treater states that the medication "helps her sleep." However, the treater does not provide any other details about the patient's insomnia. Additionally, the current request for 30 pills with 4 refills exceeds the 7-10 days use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.