

Case Number:	CM14-0185086		
Date Assigned:	11/12/2014	Date of Injury:	10/20/1999
Decision Date:	02/03/2015	UR Denial Date:	10/30/2014
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 & 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:

This patient sustained an injury on 10/20/1999 while employed by [REDACTED]. Request(s) under consideration include Ambien 5mg #45. Diagnoses include lumbar sprain s/p lumbar surgery at L4-5; Lumbosacral fusion anterior column; lumbar sprain/strain; postsurgical status. Report of 10/11/14 from the provider noted chronic ongoing low back symptoms rated at 7/10 for a "not bad day." Exam showed well-preserved thoracolumbar and lumbosacral posture; slight slow gait with painful heel and toe ambulation; stiffness, tightness on sides of scar; limited range with ext/lateral bending and rotation of 10/25/35 degrees; positive SLR at 45 degrees on left; intact sensation in all dermatomes of bilateral lower extremities with weakness of left lower leg muscles throughout. Treatment included medication refills of Percocet, Duragesic patch, Ambien with home exercise. The request(s) for Ambien 5mg #45 was non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #45: 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), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Zolpidem (Ambien®), pages 877-878

Decision rationale: Per the Official Disability Guidelines (ODG), Ambien is a non-benzodiazepines CNS depressant that should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep, or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 1999 injury. There is no failed trial of behavioral interventions or proper pain management. Therefore, this request for Ambien 5mg #45 is not medically necessary and appropriate.