

Case Number:	CM14-0187517		
Date Assigned:	11/17/2014	Date of Injury:	10/28/2010
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 59-year-old male presenting with a work-related injury to the low back on October 28, 2010. On October 1, 2014 the patient complained of low back pain radiation into lower extremity. The pain was rated as 7/10 without medications and 3/10 with medications. According to the medical records the patient continues to work part time. The physical exam was significant for positive straight leg raise on the left side. CT scan from December 2010 showed spinal stenosis from L2 to L5, left sided foraminal stenosis at L3 - L4, L4 - L5. MRI from December 2010 showed spinal stenosis at L2 - L3 and L3 - L4, this kind virtually gone at L2 - L3. The patient was diagnosed with post laminectomy syndrome, status post lumbar decompression from L2 to L5 in August 2012 and depression and anxiety due to chronic pain. The patient's medications included Lexapro, Ambien, and Percocet. A claim was placed for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #40 dispensed on 10/01/14 per 10/13/14 form QTY: 30.00: 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 (Chronic), Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep Aids, Mild Tranquilizers

Decision rationale: Ambien 5mg #40 dispensed on 10/01/14 per 10/13/14 form QTY: 30.00 is not medically necessary. The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. Ambien in this case is not medically necessary.