

Case Number:	CM14-0193885		
Date Assigned:	12/01/2014	Date of Injury:	05/09/2002
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 53-year-old male who has submitted a claim for cervicalgia, post laminectomy syndrome of the cervical region, thoracic / lumbosacral neuritis, and lumbar degenerative disc disease associated with an industrial injury date of 5/9/2002. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral shoulder pain, low back pain, and neck pain with right arm numbness. He reported poor sleep quality due to pain but Ambien had provided beneficial effects. Physical examination showed tenderness and limited motion of lumbar and cervical spine. The treatment to date has included cervical surgery, physical therapy, and medications such as Ambien (since 2013), Lyrica, OxyContin, Percocet, Senokot, Zofran, and Xanax. The utilization review from 11/11/2014 denied the request for Ambien CR 12.5mg tablet 100CN #30 because long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg Tablet 100CN #30: 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 Chapter -Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem section

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, the patient was prescribed Ambien since 2013 for insomnia secondary to chronic pain. He reported poor sleep quality due to pain but Ambien had provided beneficial effects. However, there was no discussion concerning sleep hygiene. Moreover, long-term use is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Ambien CR 12.5mg tablet 100CN #30 is not medically necessary.