

Case Number:	CM14-0195545		
Date Assigned:	12/03/2014	Date of Injury:	05/11/2011
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, 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 51 year old male with an injury date of 05/11/11. Based on the 09/28/14 progress report provided by treating physician, the patient complains of pain to the cervical and lumbar spines. Per QME report dated 10/02/14, patient has taken Ibuprofen, Naprosyn and Omeprazole from 1997 to 04/17/14. Patient's medications until 04/17/14 have included Omeprazole, Atenolol, HCTZ, Losarten, Tramadol and Aspirin 81mg. Trigger point impedance imaging (TPII) reports from 06/06/04 - 07/07/14 showed 6 procedural visits due to complaints of persistent lumbar spine pain. Patient is permanent and stationary, 09/28/14 progress report. No physical examination findings in reports provided. Diagnosis 09/29/14- whiplash sprain/strain- lumbar sprain/strain- biceptical tenosynovitis- lateral epicondylitis- tendonitis wrist- knee sprain/strain. The utilization review determination being challenged is dated 11/13/14. The request was for "10 tablet of Ambien 10mg with no refills..." Treatment reports were provided from 06/06/14 - 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Ambien 10 MG with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 (Chronic) Chapter, Zolpidem (Ambien)

Decision rationale: The patient presents with pain to the cervical and lumbar spines. The request is for 30 Tablets of Ambien 10mg with 2 refills. Patient's diagnosis on 09/29/14 included whiplash sprain/strain, lumbar sprain/strain, biceptical tenosynovitis, lateral epicondylitis, tendonitis wrist, and knee sprain/strain. Per QME report dated 10/02/14, patient has taken Ibuprofen, Naprosyn and Omeprazole from 1997 to 04/17/14. Patient's medications until 04/17/14 have included Omeprazole, Atenolol, HCTZ, Losarten, Tramadol and Aspirin81mg. Trigger point impedance imaging (TPII) reports from 06/06/04 - 07/07/14 showed 6 procedural visits due to complaints of persistent lumbar spine pain. Patient is permanent and stationary, 09/28/14 progress report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended 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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists 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 the long-term. (Feinberg, 2008)" Treater has not provided reason for the request. MTUS recommends Ambien only for a short period of 7-10 days for the treatment of insomnia. There is no documentation of insomnia in review of medical records provided. Furthermore, the request for quantity 30 with 2 refills does not indicate intended short term use. The request is not in line with guideline indications, therefore it is not medically necessary.