

Case Number:	CM14-0204522		
Date Assigned:	12/16/2014	Date of Injury:	04/17/2009
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/08/2014

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 Emergency Medicine 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 is a 49 year old male who sustained a work related injury on April 17, 2009. The mechanism of injury was not provided. Documentation dated September 5, 2014 notes that the injured worker complained of neck and low back pain which radiated to the left leg. He rates the pain at three to five out of ten on the Visual Analogue Scale with medication. Physical examination of the cervical spine revealed paracervical muscle tenderness. Lumbosacral spine examination showed tenderness in the lower lumbar region, more on the left. Straight leg raise was positive. There was decreased sensation to light touch over the left lumbar four to sacral one dermatome. Diagnoses include cervical sprain/strain, axial right-sided neck pain and low back pain with radicular symptoms to the left lower extremity. The injured worker was noted to have a lumbar fusion from lumbar three to sacral one, date unspecified. Work status was temporarily totally disabled. Most current documentation dated October 23, 2014 notes that the injured worker had a caudal epidural injection on October 1, 2014 which was effective for two days. Current medications include Norco, Gabapentin, Cymbalta and Ambien. The injured worker was noted to be able to care for himself with extra discomfort. He was able to perform light duty for two minutes, walk short distances and sit, stand or walk for fifteen to thirty minutes. He cannot kneel, bend or squat. The injured workers sleep was noted to be greatly disturbed. His pain level averages a six out of ten on the Visual Analogue Scale. There were no objective findings documented in the report. The treating physician requested Ambien 10 mg # 30. Utilization Review evaluated and modified the request on November 4, 2014. Utilization Review modified the request for Ambien due to lack of documentation of improvement in sleep with the continued use of the requested medication. The Official Disability Guidelines do not support the long term use of sleep aids. Utilization Review recommended a gradual taper of the medication and therefore, modified the request to Ambien 10 mg # 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: CA MTUS is silent. ODG -TWC, Per the Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has neck and low back pain. The treating physician has documented paracervical muscle tenderness. Lumbosacral spine examination showed tenderness in the lower lumbar region, more on the left. Straight leg raise was positive. There was decreased sensation to light touch over the left lumbar four to sacral one dermatome. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 is not medically necessary.