

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0002243 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 06/04/1992 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 68 year old female was injured 6/4/92 when she lifted a box weighing approximately thirty pounds and twisting her trunk resulting in immediate sharp pain in the low back. Current symptoms include bilateral low back pain radiating into the bilateral buttocks, bilateral posterior thighs and calves with numbness and paresthesias left worse than right. The pain is worse at night with pain intensity 7/10. Medications were Flexaril, Ultram ER and Bentyl. Treatments included left L5 and S1 transforaminal epidural steroid injections that provided 80% relief; chiropractor sessions and physiotherapy. Diagnoses include bilateral S1 radiculopathy; a 2 mm left paracentral disc protrusion at L5-S1; a 2mm central disc protrusion at L4-5; a 3mm left paracentral disc protrusion; a 3mm left paracentral disc protrusion at T12-L1; lumbar facet joint arthropathy at L3-S1; lumbar sprain/ strain/ depression and decreased sleep due to low back pain. Diagnostic studies included MRI (cervical); electrodiagnostic studies. The treating provider requested Ambien 10 mg # 30 to provide two more hours (6 total) of sleep as she has failed over-the-counter sleep medications. On 12/16/14 Utilization Review non-certified the request for Ambien 10 mg # 30 based on the injured workers use this medication (since 2010) exceeding guideline recommendations which indicate short term use. ODG was referenced.

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, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia

Decision rationale: Per ODG guidelines, Ambien is a short-acting sedative hypnotic. It is used to treat insomnia for about 2-6 weeks. 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). See insomnia treatment. Ambien CR offers no significant clinical advantage over regular release ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in insomnia treatment. (ambien and ambien CR package insert). Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy but better long-term outcomes were achieved when ambien IR was discontinued and maintenance of CBT continued (Morin 2009). The patient had been on this therapy for over this time period and there was no medical establishment of this medication found. It is therefore not medically indicated.