

Case Number:	CM15-0100435		
Date Assigned:	06/02/2015	Date of Injury:	02/06/2003
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 60 year old male, who sustained an industrial injury on 2/6/2003. He reported low back pain, and bilateral knee pain. The injured worker was diagnosed as having multilevel degenerative disc disease and facet arthropathy of the lumbar spine, status post lumbar surgery, bilateral knee degenerative joint disease with arthralgia, depression, gastritis, and right midfoot and forefoot pain and arthralgia. Treatment to date has included medications, electrodiagnostic studies, urine toxicology, magnetic resonance imaging, and physical therapy. The request is for Ambien. On 10/27/2014, the record indicated he had limitations with sleep. The records indicated he was prescribed Zolpidem (Ambien) prior to 11/7/2014. On 4/21/2015, he complained of low back pain, which is present all the time, with radiating pain into the bilateral lower extremities down to the feet. He also indicated associated numbness and tingling in the frontal aspect of the bilateral thighs and bilateral feet. He felt his pain had worsened since his last examination. In addition, he complained of bilateral knee pain. He felt the bilateral knee pain had improved since his last examination. He also complained of bilateral ankle pain which he felt had worsened since the previous examination. There is noted tenderness to the low back, negative straight leg raise testing, valgus deformity of the right knee, tenderness of the medial aspect of the left knee, and tenderness of bilateral ankles. The treatment plan included: bracing for the left ankle, and magnetic resonance imaging of the lumbar spine. The records do not support issues with sleep pattern, or quality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tab 10mg QHS PRN Sleep #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not noted. Continued use of Zolpidem (Ambien) is not medically necessary.