

Case Number:	CM15-0100610		
Date Assigned:	06/03/2015	Date of Injury:	03/18/2007
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
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: North Carolina

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 (IW) is a 61 year old male who sustained an industrial injury on 03/18/2007. He reported injury to multiple body parts. The injured worker was diagnosed as having cervicgia, lumbosacral spondylosis without myelopathy, insomnia, unspecified pain in joint, hand, spasm of muscle, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included left knee arthroscopy, and right ACL reconstruction. Currently, the injured worker complains of chronic lower back pain, left greater than right leg pain/ numbness, neck pain, right greater than left arm/hand pain, joint pain, and bilateral wrist pain. The injured worker rated his pain level as a 6-7/10 and described the pain as constant and moderate to severe. Sitting, standing, walking, lying down, coughing/sneezing, and bending, aggravated his pain. Stretching, sauna, and medications moderately relieved his pain. Taking pain medication (NORCO) alleviated his symptoms enough to allow him to go to the movies or church. Medications include Oxycodone, Norco and Ambien. On examination of the neck; there is limited range of motion. Both wrists are painful with swelling both pain and swelling greater on the right. The low back has constant pain and discomfort with numbness and tingling radiating down both legs greater left than right. Both knees are painful with popping and he complains of occasional swelling. The treatment plan is for follow up at two month intervals, and to schedule an appointment with a pain management specialist in regard to pain medications. A request for authorization is made for Percocet 10/325mg, 1/2 to 1 tablet 3 times a day as needed, #60 (trial); and Ambien 10mg, 1 orally every night at bedtime, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, 1 orally every night at bedtime, #30: 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 ODG, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.