

Case Number:	CM15-0102770		
Date Assigned:	07/17/2015	Date of Injury:	10/11/1999
Decision Date:	09/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 38 year old male, who sustained an industrial injury on October 11, 1999. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, opioid dependence, failed back surgery syndrome, insomnia, anxiety and depression. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI, injections, physical therapy, psychiatric assessments, home exercise program and several lumbar spine surgeries. Work status was noted to be permanent and stationary. Current documentation dated April 1, 2015, notes that the injured worker reported low back pain rated at a seven out of ten on the visual analogue scale with medications. The injured worker also noted not sleeping well. Examination showed the injured worker to be uncomfortable and depressed. Examination of the lumbar spine revealed tenderness to palpation, decreased sensation to light-touch in the bilateral lower extremities and diffuse weakness in the bilateral lower extremities. A straight leg raise test, Patrick's test and facet-loading test were all positive. The treating physician's plan of care included a request for Ambien 10 mg # 30.

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.

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), Mental illness and stress.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address the medication Ambien. Therefore, the Official Disability Guidelines were referenced. Ambien is a prescription short-acting non-benzodiazepine 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. Ambien CR is supported for chronic use, but use of hypnotics is generally discouraged. In this case, the documentation supports the injured worker had been taking Ambien for a prolonged period of time, since at least October of 2014. The guidelines recommend Ambien for short-term use for insomnia. In addition, the subsequent documentation notes that the injured worker continued to have sleeping difficulties with the use of Ambien. He does not appear to be having a satisfactory response to Ambien and the continued use is not appropriate. The request for Ambien is not medically necessary.