

Case Number:	CM15-0102915		
Date Assigned:	06/05/2015	Date of Injury:	06/19/2008
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male who sustained an industrial injury on 06/19/2008. Current diagnoses include lumbar degenerative disc disease with radiculopathy, lumbar disc herniation at L3-4, L4-5, and L5-S1, myospasms with myofascial trigger points of the lumbar spine, and impingement syndrome of the bilateral shoulders, status post left shoulder surgery x 2. Previous treatments included medications, left shoulder surgery x 2, epidural injections, selective nerve root blocks, physical therapy, psychotherapy, and acupuncture. Previous diagnostic studies include a urine drug screen and a MRI of the lumbar spine. Initial injuries occurred to the left shoulder when the injured worker fell from a ladder. Report dated 04/24/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the legs, bilateral shoulder pain radiating to his neck and head, altered sleep due to pain, and depression. Pain level was 8 out of 10 (low back) and 7 out of 10 (shoulders) on a visual analog scale (VAS). Physical examination was positive for an antalgic gait, painful range of motion in the lumbar spine, myospasms with myofascial trigger points, diminished sensation in the L5-S1 distribution, pain with range of motion of the left shoulder, and straight leg raise is positive bilaterally. The treatment plan included a request for a bilateral transforaminal epidural injection, a request for a new MRI of the lumbar spine, continue medications, dispensed Ambien and Tylenol #3, continue acupuncture and physical therapy, continue regular follow up appointments with primary treating physician, and return in one month or sooner if needed. Disputed treatments include Ambien.

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 Work Loss Data Institute Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long term use to treat sleep problems. There is no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.