MAXIMUS Federal Services

Case Number:	CM15-0103063		
Date Assigned:	06/05/2015	Date of Injury:	04/22/2008
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
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: 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 is a 55-year-old female, who sustained an industrial injury on 4/22/2008. Diagnoses include chronic post-op pain, chronic pain due to trauma, chronic pain syndrome, failed back syndrome lumbar and radiculopathy lumbar spine. Treatment to date has included epidural injections, spinal cord stimulator trial and medications including Lidoderm patch, Ambien, Lyrica, Venlafaxine, and Pennsaid. Per the Primary Treating Physician's Progress Report dated 4/27/2015, the injured worker reported pain in the low back with radiation to the left leg. Objective described the injured worker as in mild distress and walks with a cane. The plan of care-included refill of medications and authorization was requested for Ambien 10mg #20.

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 (ODG), Pain, Zolpidem (Ambien).

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.