

Case Number:	CM15-0103620		
Date Assigned:	06/08/2015	Date of Injury:	05/10/1999
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 05/10/1999. She reported injury to the low back, left shoulder, left hand and bilateral legs. The injured worker was diagnosed as having failed low back syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release, left shoulder pain, status post arthroscopy, left sided ulnar neuritis, left sided lateral epicondylitis, left sided de Quervain's tenosynovitis, and depression. Treatment to date has included medications. Currently (04/08/2015), the injured worker is seen in orthopedic re-evaluation and treatment for her work-related injury to the low back, left shoulder, left hand and bilateral legs. She was previously deemed permanent and stationary, and the visit is part of her future medical care. She is not attending therapy, and is not working. The IW complains of persistent low back and leg pain that she rates as a 10/10, and neck and bilateral hand pain rated a 10/10. She has complaints of headache, weight changes, fatigue, weakness and trouble sleeping. On examination, the worker has no evidence of kyphosis or scoliotic deformity. She has tenderness about the lumbar and thoracic paraspinal muscles. There is 5/5 muscle strength in all major muscle groups in the lower extremities. There is no edema in the lower extremities. The lumbar scar is well healed, and range of motion is slightly diminished. There is decreased sensation about the L5 dermatomes. Coordination and balance are intact. The treatment plan included referring the worker for detoxification program, and to a functional restoration program. Prescriptions were given for Naprosyn for pain and inflammation, Norco for breakthrough pain (limited to #45), Xanax 1mg #30, one by mouth as

needed for sleep, and , Ambien 10 mg #30, one by mouth at bedtime for sleep. A request for authorization was submitted for Ambien 10mg #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 (ODG), Treatment Index, 13th Edition (Web), 2015, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg #30 is not medically necessary or appropriate.