

Case Number:	CM15-0017404		
Date Assigned:	02/05/2015	Date of Injury:	03/08/2013
Decision Date:	04/13/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 (IW) is a 44 year old female who sustained an industrial injury on 03/08/2013. She has reported low back and neck pain rated at a 9/10 in pain scale. Diagnoses include cervical disc disease, cervical radiculopathy, thoracic disc disease, thoracic radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral facet arthropathy. Treatments to date include a transfacet epidural steroid injection (11/04/2014) that the IW state was of no significant benefit. Oral pain medications do help relieve the pain. A progress note from the treating provider dated 12/18/2014 indicates she has a, cervical paraspinous muscle tenderness and spasm extending to both trapezius, and has facet tenderness at C4-C7 levels. The cervical spine range of motion is limited on the left, and there is decreased sensation in the C6 dermatome bilaterally. There is severe md thoracic pain and spasm to thoracic spine paravertebral in the T6 through T9 levels. There is low back pain in the lumbar paraspinous muscles and severe facet tenderness in the L3 through S1 levels. There has been a recommendation by the AME physician for surgical intervention in the lumbar spine. An orthopedic spine consultation was requested. Treatment recommendation was to wean the worker off pain medications after she has undergone surgery and post-operative therapy. On 01/07/2015 Utilization Review non-certified a request for Ambien 10mg #30. The ODG were cited.

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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg, #30 is not medically necessary.