

Case Number:	CM15-0142536		
Date Assigned:	08/03/2015	Date of Injury:	12/06/1995
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, California
 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:

This is a 63 year old female patient who sustained an industrial injury on December 06, 1995. The diagnoses include lumbar disc herniation; lumbar disc disease and lower lumbar radicular pain. Per the doctor's note dated 4/15/2015, she had complaints of low back pain and difficulty sleeping due to pain. The physical examination revealed tenderness, spasm and normal range of motion of the lumbar spine, normal strength and sensation in the lower extremities. The current medications list includes MS Contin 30mg, Soma, and Norco 10 325mg, Ambien, Lyrica, and Modafinil. She has had lumbar spine MRI on 12/10/2013. She has had a bilateral S1 lumbar epidural injection on 3/18/14. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting non-Benzodiazepine hypnotic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Pain (updated 07/15/15) Zolpidem (Ambien).

Decision rationale: Ambien 10mg #20. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A detailed history related to insomnia was not specified in the records provided. There are other sedating medications that are part of the pt's medication list like Lyrica, Soma and MS contin. The effect of these medications on the pt's sleep was not specified in the records provided. A detailed rationale for the long term use of Ambien was not specified in the records provided. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #20 is not fully established for this patient at this time.