

Case Number:	CM15-0142947		
Date Assigned:	08/03/2015	Date of Injury:	11/28/2005
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Georgia, California, Texas

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 is a 39 year old male, who sustained an industrial injury on 11-28-2005. Diagnoses have included lumbar failed back syndrome, lumbar radiculopathy, cervical radiculopathy, medial epicondylitis of elbow and fibromyalgia-myositis. Treatment to date has included lumbar fusion, injection and medication. According to the progress report dated 7-6-2015, the injured worker complained of low back pain and neck pain. The back pain radiated into the bilateral lower extremities posteriorly. He reported that Norco relieved his pain to eight out of ten. He reported three days of pain relief after a caudal epidural. Physical exam revealed twitch positive trigger points in the muscles of the head and neck. Palpation of the lumbar facet revealed pain on both sides at the L3-S1 region. Authorization was requested for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, one (1) tablet every night PRN for 30 days #30 (DOS: 07/06/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 07/15/15), Zolpidem (Ambien).

Decision rationale: ODG recommends Ambien (zolpidem) for short-term (7-10 days) treatment of insomnia. ODG states that pain specialists rarely, if ever, recommend sleeping pills for long-term use, noting "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." No rationale is documented in this case which would support long-term use of Ambien. Due to lack of support by evidence-based treatment guidelines and insufficient documented rationale for long-term use of Ambien, medical necessity is not established for this request. Therefore, the request is not medically necessary.