

Case Number:	CM15-0162529		
Date Assigned:	08/28/2015	Date of Injury:	01/26/2011
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male with an industrial injury dated 01-26-2011. The injured worker's diagnoses include status post L5-S1 laminectomy and discectomy in 2005, lumbar laminectomy at L3-S1 in 2010 or 2011, postoperative bilateral L4 radiculopathy and L3-S1 residual stenosis. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, ortho stim 4, and periodic follow up visits. In a progress note dated 07-21-2015, the injured worker reported ongoing difficulty with pain across the low back and in the bilateral thighs. The injured worker rated pain an 8 out of 10 in intensity and a 4 out of 10 with medication. Objective findings revealed tenderness and guarding of the lumbar paraspinal musculature, decreased lumbar range of motion due to pain and decreased sensation in the left lower extremity. The treating physician reported that the most recent urine drug screen did not indicate Ambien at the time of testing secondary to it being used as needed. The treatment plan consisted of medication management. The treating physician prescribed Ambien 10mg #35 with 3 refills for date of service 07-21-2015, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #35 with 3 refills for DOS 7/21/15: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in January 2011 and is being treated for low back and bilateral thigh pain. Two lumbar surgeries have been performed. When seen, there was lumbar tenderness with decreased and painful range of motion with guarding and tenderness. There was decreased left lower extremity sensation and an absent patellar reflex. His BMI is over 43. Ambien has been prescribed since at least January 2015. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The claimant is obese and may have obstructive sleep apnea. Other conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien was not medically necessary.