

Case Number:	CM15-0165633		
Date Assigned:	09/04/2015	Date of Injury:	04/15/2010
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 68 year old male who sustained an injury on 4-15-10 resulting with chronic low back pain, lumbosacral radiculitis and post laminectomy syndrome. The PR2 from 7-13-15 reports ongoing pain with the pain down his right lower extremity. Palpation of the lumbar facet reveals pain on both sides at L3-S1 region; pain over the lumbar intervertebral spaces on palpation. He uses a cane all the time. The plan was to continue taking the prescribed medications which included Norco 10 mg-325 and Ambien 10 mg tablet. PR2 dated 7-22-15 the IW follow up visit of low back pain and right leg pain. A CT of the lumbar spine reports impingement of L5 nerve root and the spinal cord stimulator was removed to obtain an MRI. He states that surgery is not an option; frustrated with the pain and has tried neuropathic medications several times but they do not work. His pain is described as aching in the back and right leg. Physical examination lumbar spine revealed a scar, straight leg raise on the right was 30 degrees; palpable twitch positive trigger points in the lumbar paraspinal muscles and the gait was antalgic. Diagnoses are failed back syndrome; fibromyalgia, myositis; and complex regional pain syndrome. The report indicates with the prescribed medication he has 50 percent relief; functional and participates in the daily activities and attempts at light activities within their limits. Medications prescribed include Norco 10 mg-325 mg 1 tablet every 6 hours for 30 days and Ambien 10 mg tablet, 1 tablet every night for 30 days. CT lumbar spine was performed on 7-15-15 and compared to the prior exam dated 2-23-12 - no significant change was noted. Current requested treatments Ambien (zolpidem) 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (zolpidem) 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), Pain Chapter - 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) Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.