

Case Number:	CM15-0166753		
Date Assigned:	09/04/2015	Date of Injury:	07/30/2001
Decision Date:	10/07/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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: Physical Medicine & Rehabilitation

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 57 year old female who sustained a work related injury July 30, 2001. Past history included ACDF (anterior cervical discectomy and fusion) C6-7 March 1998, removal of retained metal with extension of the fusion to C5-6 January 18, 2011, successful trial of spinal cord stimulator, 2011, but refused permanent placement due to paresthesia sensation. According to a follow-up pain management consultation, dated July 20, 2015, the injured worker presented with continuous and ongoing pain in her neck with cervicogenic headaches and radiating pain to both upper extremities. She reports persistent low back pain with radicular symptoms in both lower extremities, left greater than right. Current medication included Oxycontin, Anaprox, Norco, Fexmid, Prilosec, Doral, and Prozac. Physical findings included; sensory deficits along the L5-S1 distribution on the left, as well as a positive straight leg raise on the left. Assessments are status post anterior cervical discectomy and fusion C6-7 with cervical plate, 1998; left upper extremity radiculopathy; probable cervical spondylosis C5-6 with radiculopathy left upper extremity, status post L4-5 posterior lumbar interbody fusion. Treatment plan included trial four trigger point injections administered to the posterior lumbar musculature, trial of spinal cord stimulation unit and a urinalysis obtained for drug screen was obtained. At issue, is the request for authorization for Zolpidem (Ambien).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem (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, Pain Procedure.

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

Decision rationale: The patient presents with pain in the cervical spine radiating to the bilateral upper extremities, cervicogenic headaches, and low back pain radiating to the bilateral lower extremities. The request is for Zolpidem (Ambien) 10mg #30. Patient is status post cervical spine surgery, 01/18/11. Physical examination to the cervical spine on 04/07/15 revealed tenderness to palpation to the posterior cervical musculature. Range of motion was noted to be decreased. Examination to the lumbar spine revealed tenderness to palpation to the paraspinal musculature bilaterally. Range of motion was decreased in all planes. Per 07/20/15 progress report, patient's diagnosis include status post anterior cervical descectomy and fusion, March 1998 with cervical plate; left upper extremity radiculopathy; probable cervical spondylosis at C5-6 with radiculopathy in the left upper extremity; status post L4-5 posterior laminectomy fusion; status post removal of retained intracervical plate at C6-7 with ACDF C5-6 on January 18, 2011; successful lumbar spine stimulator trial, October 10, 2011; medication induced gastritis. Patient's medications, per 07/20/15 progress report include Oxycontin, Anaprox, Norco, Fexmid, Prilosec, Doral, and Prozac. Patient's work status was not specified. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. (Feinberg, 2008)" Treater has not discussed this request. Review of the medical records provided did not indicate prior use and it appears that the treater is initiating this medication. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia, due to negative side effect profile. The current request for 30 tablets does not indicate short-term use. The request is not medically necessary.