

Case Number:	CM15-0169134		
Date Assigned:	09/09/2015	Date of Injury:	02/03/2000
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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(n) 68 year old male, who sustained an industrial injury on 2-3-00. The injured worker was diagnosed as having chronic back pain, post-lumbar laminectomy syndrome and lumbar disc disorder. Medical records (1-6-15 through 4-28-15) indicated 3-4 out of 10 lumbar pain with medications and 7 out of 10 pain without medications and poor sleep quality. The physical exam (5-26-15 through 6-23-15) revealed lumbar flexion 20 degrees, extension 5 degrees and lateral bending 10 degrees bilaterally. Treatment to date has included lumbar back surgery x 3, a spinal cord stimulator, Nucynta and Norco. Current medications include Lidoderm patch, Percocet, Etodolac and Ambien (since at least 1-6-15). As of the PR2 dated 7-21-15, the injured worker reports poor sleep quality and awakens twice a night due to low back pain. He rates his pain 3.5 out of 10 with medications and 7.5 out of 10 without medications. Objective findings include lumbar flexion 20 degrees, extension 5 degrees and lateral bending 10 degrees bilaterally. There is also paravertebral muscle tenderness and positive lumbar facet loading. The treating physician requested Ambien CR 12.5mg #30. On 7-21-15 the treating physician requested a Utilization Review for Ambien CR 12.5mg #30. The Utilization Review dated 7-30-15, modified the request for Ambien CR 12.5mg #30 to Ambien CR 12.5mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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), 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) Pain-Zolpidem.

Decision rationale: Ambien CR 12.5mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that 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. The documentation does not indicate extenuating circumstances that necessitate this medication long term. The request for Ambien is not medically necessary.