

Case Number:	CM15-0169159		
Date Assigned:	09/09/2015	Date of Injury:	11/08/2011
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
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 57 year old male, who sustained an industrial injury on 11-08-2011, due to a slip and fall. The injured worker was diagnosed as having lumbar strain and secondary insomnia due to pain. His past medical history included diabetes. Treatment to date has included chiropractic and medications. Currently (7-08-2015), the injured worker complains of persistent lumbar spine discomfort, with left greater than right lower extremity radiculopathy, rated 7-8 out of 10. He reported running out of medications and having intensified pain. He also reported difficulty sleeping, falling asleep, and at time waking up from sleep, due to pain. He reported depression due to pain. His work status was permanent and stationary. His medications included Norco, Ambien, Elavil, and Omeprazole. The treatment plan included the ongoing use of Ambien, with use noted since at least 8-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Ambien 10mg qhs for sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Zolpidem).

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) - Zolpidem (Ambien).

Decision rationale: Ongoing Ambien 10mg qhs for sleep 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 ongoing Ambien is not medically necessary.