

Case Number:	CM15-0169996		
Date Assigned:	09/10/2015	Date of Injury:	09/22/2005
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/28/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old male who sustained an industrial injury on 9-22-05. Diagnoses are chronic low back pain, history of lumbar fusion with decompression L1 to L3 on 9-2005, (he had L2 compression fracture), MRI of lumbar spine 10-2006: annular fissures at L4-L5, L5-S1, variable levels of foraminal stenoses, postoperative changes at L1-L3, completion of functional restoration program 2-2009, and right hip rule out internal derangement. Previous treatment includes medications, MRI-lumbar, X-ray hips, functional restoration program (FRP), and home exercise. In a progress report dated 3-19-15, the physician notes a complaint of increased pain in the hip. He takes Tramadol which brings his pain level from a 9 out of 10 to a 7 out of 10. Pain medication allows him to be more functional and without it, he struggles quite a bit with sleep. With medication, he is able to get 4 hours straight before it is interrupted and then another 2 hours after a while readjusting his position. A 3-19-15 urine drug screen was noted as very consistent. In a progress report dated 5-14-15, pain is noted to have improved. In a progress report dated 8-6-15, the physician notes that he continues to do well on the medication regimen with no adverse side effects. With medications, pain stays at around a 5 out of 10 level. This allows him to go to the gym 4 days a week, walk every day, and do yard work and light housework. He is not currently working. He is having some issues with sleep and has taken Ambien in the past which was helpful. Current medications are Ultracet, Neurontin, Relafen, Cymbalta, Viagra, Lisinopril, and Seroquel. He failed generic Cymbalta as it was not beneficial and did not have any significant desired effect. The plan is to continue his medications and start Ambien 10mg, on an as needed basis, he can take 15 a month, no more. A prescription was written for Ambien #15 with one refill and a request for authorization is dated 8-13-15. The requested treatment of Ambien 10mg, #15 was certified and the request for a refill of Ambien 10mg #15 was not certified on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Ambien 10 mg, fifteen count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness Chapter.

Decision rationale: CA MTUS Guidelines do not specifically address the use of Ambien. Ambien is a short-acting non-benzodiazepine hypnotic, approved for short-term (2-6 weeks) use in the treatment of insomnia. Long-term use is not recommended. Ambien can be habit-forming and may impair function and memory. It may also increase pain and depression if used long-term. In this case, short-term use is supported, but not at the prescribed rate of #15 with a refill and instructions of "no more than #15/month." This is a long-term prescription, which is not recommended and not medically necessary or appropriate.