

Case Number:	CM15-0180466		
Date Assigned:	09/22/2015	Date of Injury:	01/27/2005
Decision Date:	11/10/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 38 year old male sustained an industrial injury on 1-27-05. Documentation indicated that the injured worker was receiving treatment for low back pain with lumbar sprain and strain, severe facet arthrosis and degenerative disk disease. Previous treatment included medial branch blocks, radiofrequency ablation and medications. In an orthopedic evaluation dated 2-23-15, the injured worker reported that his sleep was "mildly" disturbed due to pain. In a progress note dated 3-19-15, the injured worker complained of worsening back pain with radiation into his legs. The injured worker had been authorized to undergo another radiofrequency ablation procedure. Physical exam was remarkable for palpable rigidity in the lumbar trunk suggesting muscle spasms, with positive bilateral straight leg raise. The injured worker walked with a slight limp. The treatment plan included refilling medications (Norco, Ibuprofen, Soma, Ambien CR, Senna, Colace and Miralax). In a PR-2 dated 7-21-15, the injured worker complained of ongoing worsening back pain, rated 10 out of 10 without medications and 4-8 out of 10 with medications. The injured worker stated that he used Ambien for insomnia. Physical exam was unchanged. Documentation indicated that he injured worker had been prescribed Ambien CR since at least 3-19-15. The treatment plan included discontinuing Colace, Senna and Miralax, a trial of Movantic and refilling Norco, Soma, Ibuprofen and Ambien. On 8-14-15, Utilization Review non-certified a request for Ambien CR 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 10 mg, thirty count: 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).

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®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered since at least March 2015. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien CR 10 mg, thirty count is not medically necessary and appropriate.