

Case Number:	CM15-0184022		
Date Assigned:	09/24/2015	Date of Injury:	06/06/2005
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 6-6-2005. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include intractable pain syndrome, rheumatoid arthritis, status post open reduction internal fixation (ORIF) of right jaw fracture, status post repair of left wrist fracture, status post left knee arthroscopy, and status post lumbar fusion x 2 with hardware removal. Treatments to date include medication therapy, sacroiliac joint injections, and epidural steroid injections. Currently, he complained of two week of increased low back pain, which "he attributes to lack of restful sleep". Pain was rated 2 out of 10 VAS with medication use and 7-8 out of 10 VAS without medication. He further reported generic Ambien made him ill to the point of vomiting. Current medications included Norco every six hours as needed and Ambien CR before bed. On 8-19-15, the physical examination documented lumbar tenderness and limited range of motion. The appeal requested authorization for Ambien CR 12.5mg, one tablet before bed #30. The Utilization Review dated 9-3-15, denied Ambien CR indicating ODG Pain Guidelines "do not consider this medication a medical necessity for long-term utilization with respect to management of a chronic pain condition."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg 1 tablet QHS PRN insomnia #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, 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), Insomnia Treatment).

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long-term use may lead to dependency. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is excessive and not consistent with short-term use or attempts to wean patient off medication. The chronic use of Ambien is not medically appropriate and is not medically necessary.