

Case Number:	CM15-0187548		
Date Assigned:	09/29/2015	Date of Injury:	12/30/1998
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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) 54 year old male, who sustained an industrial injury on 12-30-98. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, post lumbar laminectomy syndrome and depression. Medical records (3-12-15 through 5-28-15) indicated diffuse axial back pain with extension along the pelvic brim and 9 out of 10 pain. Treatment to date has included a lumbar MRI (date of service not documented) showing moderate canal stenosis at L3-L4 and trigger point injections on 3-12-15. Current medications include Vicoprofen and Ambien (prior prescriptions not noted). As of the PR2 dated 7-6-15, the injured worker reports 8 out of 10 pain. The treating physician noted diffuse axial back pain with limitations on walking tolerance. There is no documentation of sleep disturbances or sleep quality. The treating physician requested Ambien 5mg #30 x 4 refills. The Utilization Review dated 9-10-15, modified the request for Ambien 5mg #30 x 4 refills to Ambien 5mg #15 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 with 4 refills: 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) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 5 mg #30 with four refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the worker's working diagnoses or lumbago; degeneration lumbar or lumbosacral intervertebral disc; post laminectomy syndrome lumbar; and anxiety state unspecified. The date of injury is December 30, 1998. Request for authorization is dated September 3, 2015. The most recent progress note in the medical record is dated July 6, 2015. According to the July 6, 2015 progress note, medications include Vicoprofen 7.5/200 mg maximum for the day. There is no documentation of Ambien in the subjective section or treatment plan. According to the utilization review, the treating provider instructed the injured worker not to use Ambien on a nightly basis. It was a peer-to-peer conference call between the utilization review provider and the treating provider. Guideline recommendations were discussed and the treating provider agreed the injured worker should be weaned from Ambien. There is no clinical indication for an additional four refills. The guidelines recommend Ambien for short- term (7-10 days). The documentation is unclear as to the start date of Ambien. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, continued use in excess of the recommended guidelines for short term use, no documentation demonstrating objective functional improvement and a peer-to-peer conference call where weaning was agreed to, Ambien 5 mg #30 with four refills is not medically necessary.