

Case Number:	CM15-0188258		
Date Assigned:	09/30/2015	Date of Injury:	09/05/2001
Decision Date:	11/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 43 year old male, who sustained an industrial-work injury on 9-5-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis, chronic lumbar degenerative disc disease (DDD), chronic pain syndrome and lumbago. He reports that the medications allow him to work full time and perform household chores and activities of daily living (ADL) independently. Medical records dated 9-1-15 indicates that the injured worker complains of chronic axial, stabbing, aching constant low back pain that is moderate to severe without medications with spasms. The pain is aggravated with weight bearing, bending and stooping. He reports that medications relieve the pain with 50 percent reduction in pain. Per the treating physician report dated 9-1-15 the injured worker has returned to work. The physical exam dated 9-1-15 reveals that the lumbar spine exam shows myofascial trigger points and tenderness bilaterally. There is positive pain with range of motion in flexion and dorsiflexion. Treatment to date has included pain medication including Zanaflex, Norco and Tramadol, Ambien since at least 7-30-15, trigger point injections, home exercise program (HEP) and other modalities. The treating physician indicates that a pain contract is in force and the injured worker demonstrates compliance and good efficacy with treatment. The request for authorization date was 9-4-15 and requested service included Ambien 12.5mg #30. The original Utilization review dated 9-22-15 non-certified the request for Ambien 12.5mg #30 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #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 (ODG), Treatment in Workers Compensation, Work Loss Data Institute, 5th Edition, Pain (chronic).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. 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. In this case, there is no evidence in the records from 9/1/15 of insomnia to warrant Ambien. According to the records, the worker has been taking Ambien since at least 7/30/15 and the current request would continue Ambien beyond the recommended 2 month maximum. Therefore, the request is not medically necessary.