

Case Number:	CM15-0192164		
Date Assigned:	10/06/2015	Date of Injury:	02/09/2009
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 2-9-2009. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical spondylosis, sacroiliitis, Lumbosacral spondylosis without myelopathy, fibromyalgia, cervicalgia, and facet joint syndrome. Treatments to date include activity modification, NSAIDs, physical therapy, and both opioid and non-opioid medication therapy. On 9-14-15, she complained of ongoing pain in the neck and shoulders with radiation to bilateral upper extremities and up to the hairline, and she complained of right knee pain. Pain was rated 8 out of 10 VAS at worst and 7 out of 10 VAS on average. Pain was noted to decrease with medications use. Current medications included LidoPro topical ointment, OxyContin, Oxycodone, Ambien, and gabapentin. There was no documentation submitted regarding subjective or objective report of difficulty sleeping. The records indicated Ambien had been prescribed since at least April 2015. The physical examination documented cervical tenderness with decreased range of motion and positive Spurling test. The plan of care included ongoing medication therapy. The appeal requested authorization of Ambien 5mg #30. The Utilization Review dated 9-16-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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), Pain, Zolpidem (Ambien) and the Non-MTUS FDA.

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

Decision rationale: The current request is for AMBIEN 5MG #30. Treatments to date include activity modification, NSAIDs, physical therapy, and both opioid and non-opioid medication therapy. The patient is permanent and stationary and it is unclear if she has returned to work. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days 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. Per report 09/14/15, the patient presents with ongoing pain in the neck and shoulders with radiation to the bilateral upper extremities. Pain was rated 8/10 at worst and 7/10 on average. Pain was noted to decrease with medication use. Current medications included LidoPro topical ointment, OxyContin, Oxycodone, Ambien, and gabapentin. The records indicated Ambien had been prescribed since at least April 2015. While this patient presents with chronic pain and insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets, in addition to prior use, does not imply the intent to utilize this medication short-term. Therefore, the request is not medically necessary.