

Case Number:	CM15-0192341		
Date Assigned:	10/06/2015	Date of Injury:	08/18/2000
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial injury on August 18, 2000. A progress note dated March 12, 2015 reported subjective complaint of "left lower extremity pain." Status post 3 lumbar surgeries, and doing well on Kadian, Percocet, and Zanaflex. Combined they reduce her pain by 40%. The medications allow her to function independently and walk. States "they improve her function 100%." She has been very stressed regarding workers compensation stopping her medications. She is presenting with bilateral back pain described as aching, burning and sharp. The following were applied to the visit: post-laminectomy syndrome, chronic pain and lumbago. At primary follow up dated January 05, 2015, she was prescribed Ambien, Flector patches, Percocet, Zanaflex, and Kadian. On September 11, 2105 a request was made for Ambien CR 12.5mg #30 that was noncertified by Utilization Review on September 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Zolpidem (Ambien).

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/insomnia- pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.