

Case Number:	CM15-0192711		
Date Assigned:	10/06/2015	Date of Injury:	04/05/2011
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
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: Texas, 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:

This is a 57 year old female patient, who sustained an industrial injury on 4-05-2011. The diagnoses include lumbar disc displacement without myelopathy. Per the doctor's note dated 10/20/15, she had complaints of low back pain with radiation to the lower extremities; neck pain with radiation to the bilateral upper extremities; significant insomnia due to pain. Per the doctor's note dated 8-26-2015, she had complains of neck and low back pain, not rated. Her work status was total temporary disability. She reported utilizing the tools she learned in the FRP with her recovery, and "also using the relaxation techniques". She reported having difficulty sleeping at night because of pain. She was given Lunesta by another treating physician but she reported "this made her feel ill". She reported using Ambien in the past with benefit. A discussion of sleep hygiene was not documented. She reported using Norco (2-3 tablets per day), depending on her pain level. A review of symptoms was positive for anxiety and depression. Physical exam revealed antalgic gait. Current medications included Cyclobenzaprine, Nucynta, Diazepam, Carvedilol, Doc-q-lace, Glyburide-Metformin, Lisinopril, Prednisone, Sumatriptan, Verapamil, and Metformin. She has undergone lumbar spine surgery in 7/14/2015. She had multiple diagnostic studies including cervical MRI, lumbar spine MRI and EMG lower extremities. The treating physician documented that Nucynta was changed to Norco for post- operative pain. She was also given Ambien 5mg tablets and advised not to use this every night, but only as needed for insomnia. She was to follow-up in 4 weeks. She has had functional restoration program (FRP) and medications. The treatment plan included Ambien 5mg #15 (for DOS 8-26-2015), non-certified by Utilization Review on 9-04-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #15 (DOS: 08/26/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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) Chapter: Pain (updated 10/09/15) Zolpidem (Ambien®).

Decision rationale: Ambien 5mg, #15 (DOS: 08/26/2015) Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the 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, 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 a concern that they may increase pain and depression over the long-term." Per the records provided the patient has chronic low back and neck pain with significant insomnia due to chronic pain. Zolpidem is approved for short-term use. She was given Ambien 5mg tablets for not to use every night, but only as needed for insomnia. The requested small quantity of 15 tablets was medically appropriate for prn use. The request of Ambien 5mg, #15 (DOS: 08/26/2015) is medically appropriate and necessary for this patient.