

Case Number:	CM15-0192993		
Date Assigned:	10/07/2015	Date of Injury:	11/08/2013
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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 38 year old male with an industrial injury date of 06-25-2013. Medical record review indicates he is being treated for post laminectomy syndrome, status post lumbar 4-lumbar 5, lumbar 5-sacral 1 fusion on 01-07-2015, chronic low back pain with radicular symptoms in left leg and lumbar 5 radiculopathy. Subjective complaints (09-08-2015) included low back and left lower extremity pain rated as 8 out of 10 without medications, coming down to 7 out of 10 with medications. The treating physician indicated the injured worker received "better relief" with Percocet decreasing his pain level to 6 out of 10. Pain is documented as "decreased" with lying down and medication. The treating physician noted the injured worker had been trying to stay active, walked on a regular basis, active with his children and was doing some small woodwork projects. "These are his functional improvements on his medications." Work status (09-08-2015) is documented as temporarily total disability. Current medications (09-08-2015) included Norco, Ambien (since 08-06-2014), Tramadol, Cymbalta and Gabapentin. The treating physician documented: "He uses Ambien for insomnia." Prior medications included Lyrica ("caused suicidal ideation"), Vicodin, Ibuprofen, and Elavil. Other treatments included physical therapy and surgery. Physical exam (09-08-2015) of the lumbar spine revealed tenderness in the paraspinal muscles more in the lumbar 4-sacral 1. Range of motion was decreased to 40 degrees of flexion and 10 degrees of extension. Reflexes are documented as: Patella 2 plus, right Achilles 1 plus and left as 2 plus. Sensation was decreased in the left lateral leg and straight leg raising was positive on the left. The treating physician documented: We have a CURES report from 08-10-2015 consistent with the medication being prescribed. We

have urine toxicology from 07-02-2015 consistent with Oxycodone, Tramadol and Gabapentin, which were the medications he was taking at that time. We have a signed opioid agreement in the chart. On 09-17-2015 the request for Ambien 10 mg quantity 16 was non-certified by utilization review. Work status noted the patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic, Insomnia Treatment; 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 (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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 for this 2013 injury. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2013 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg quantity 16 is not medically necessary and appropriate.