

Case Number:	CM15-0194250		
Date Assigned:	10/08/2015	Date of Injury:	10/10/2012
Decision Date:	11/24/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 53 year old male who sustained an industrial injury on 10-10-12. The medical records indicate that the injured worker is being treated for severe depression and anxiety with suicidal ideation; gastric issues; cervical spine sprain-strain; bilateral foot sprain- strain; prior calcaneal fracture, mild Achilles tendinosis and sprain of the anterior talo-fibular ligament. He currently (8-14-15) complains of persistent constant cervical pain with a pain level of 5 out of 10; constant lumbar spine pain with a pain level of 9-10-out of 10; bilateral foot pain that is constant with a pain level of 6 out of 10. The above pain has remained unchanged per documentation. On physical exam of the cervical spine there was decreased range of motion, tenderness over the paraspinals, positive Spurling's on the left, decreased strength and sensation; bilateral shoulder revealed decreased range of motion, tenderness over the acromioclavicular joints, decreased range of motion, decreased strength; lumbar spine revealed decreased range of motion, tenderness and hypertonicity over paraspinal musculature, decreased strength; bilateral ankles revealed decreased range of motion and tenderness. Per the 4-6-15 documentation due to his mental disorder the injured worker is experiencing impairments in his activities of daily living including personal hygiene (decreased interest), eating habits (weight loss), sleep patterns (difficulty falling and staying asleep due to depression, anxiety, worry and nightmares) and because of his insomnia he has developed morning headaches, trouble concentrating and a personality change and sexual habits. He had an issue with alcohol (per the 4-6-15 documentation) in 2003 and

2007 and has not been drinking since 10-2012. Regarding his sleep issues besides Ambien no other sleep medications were documented. There was no discussion of sleep hygiene or detailed discussion of insomnia. He has had psychological evaluation; medications: Norco, Prilosec, Colace, Lidoderm patches 5%, Ambien since at least 2-27-15; spinal surgery (1-2013) with partial improvement; status post lumbar surgery. The request for authorization dated 8-28-15 was for Ambien 5 mg #30. On 9-4-15 Utilization review non-certified the request for Ambien 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (Zolpidem Tartrate) 5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chapter, under Zolpidem.

Decision rationale: The patient presents with persistent pain in the cervical spine, lumbar spine, bilateral hips, right ankle, and bilateral feet. The request is for Ambien (Zolpidem Tartrate) 5 mg #30. The request for authorization is dated 08/28/15. The patient is status post lumbar spine surgery. Patient's diagnoses include severe depression and anxiety with suicidal ideation; gastric issues; cervical spine sprain/strain; bilateral feet sprain/strain. Physical examination of the cervical spine revealed decreased range of motion. There was tenderness over the paraspinals. Positive Spurling's on the left. Exam of bilateral shoulders revealed decreased range of motion. Tenderness and hypertonicity over the bilateral paraspinal musculature. Exam of bilateral hips revealed tenderness over the greater trochanters bilaterally. Positive Patrick's sign. Exam of the right ankle revealed slightly decreased range of motion. Tenderness over the Achilles insertion. Patient's medications include Norco, Ambien, Prilosec, Lidoderm, and Colace. Per progress report dated 08/14/15, the patient to remain off-work. ODG-TWC, Pain (Chronic) 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 (Feinberg, 2008)." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Ambien on 02/27/15. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Ambien #30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.