

Case Number:	CM15-0194443		
Date Assigned:	10/08/2015	Date of Injury:	06/30/2010
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
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 56 year old male who sustained an industrial injury on 6-30-10. The medical records indicate that the injured worker has been treated for arthritis of the right knee; status post total left knee replacement; discogenic cervical pain; discogenic low back pain with right L5 radiculopathy. He currently (8-3-15) complains of stabbing cervical pain described as spasmodic and moderate with a pain level of 6 out of 10; severe back pain with a pain level of 8 out of 10. On physical exam of the cervical spine there was moderate tenderness on palpation; lumbosacral spine revealed tenderness on palpation with spasms in the paraspinal region, myofascial tenderness, decreased range of motion, positive straight leg raise; the knee exam revealed some tenderness about the lateral aspect of the left knee, trace effusion. He has been treated with medications: Ultram, Celebrex, ibuprofen (3-2011). The request for authorization dated 9-17-15 was for Ambien 10mg #30. Regarding the requested treatment the duration of this medication was not present. Sleep hygiene was not discussed. The diagnosis of insomnia was not present. On 9-22-15 Utilization Review non-certified the request for Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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: Based on the 8/3/15 progress report provided by the treating physician, this patient presents with low back pain that is constant, but does not radiate. The provider has asked for Ambien 10mg #30 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 9/17/15 is spinal stenosis, lumbar region. The patient is s/p chiropractic treatment which is very helpful, and is currently taking Norco per 8/3/15 report. The patient is s/p left total knee replacement and has some mild left knee pain per 8/3/15 report. The patient's work status is not included in the provided documentation. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) 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)" In this case, the patient does not have prior history of using Ambien per review of reports dated 2/6/14 to 9/9/15. Utilization review letter dated 9/22/15 denies request due to lack of documentation that patient suffers from chronic sleep difficulty, and due to guidelines not recommending chronic use. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. The current request for 30 tablets does not indicate intended short-term use, and exceeds guideline recommendations. Therefore, the request is not medically necessary.