

Case Number:	CM15-0197250		
Date Assigned:	10/12/2015	Date of Injury:	10/19/2010
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male who sustained a work-related injury on 10-19-10. Medical record documentation on 8-25-15 revealed the injured worker was being treated for right ilioinguinal, iliohypogastric and or genitofemoral neuralgia. He had been receiving treatment of his hernia and neuralgia at another facility and was prescribed Cymbalta by his primary care physician. He reported preparation for an exploratory laparoscopic procedure. His medication regimen included Norco as needed for pain, Neurontin as needed for neuropathic pain, Ambien as needed for insomnia and Cymbalta 30 mg. Objective findings were within normal limits. His treatment plan included continuation of his medications, home exercise program and follow-up evaluation. On 9-8-15, the Utilization Review physician determined Ambien 5 mg #45 with 3 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Qty 45 with 3 refills, 1-2 tabs by mouth every night: Upheld

Claims Administrator guideline: Decision based on MTUS 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) Pain section, under Zolpidem.

Decision rationale: The injury was five years ago. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem however notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that 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) I was not able to find solid evidence in the guides to support long-term usage. The medicine was appropriately non-certified. Therefore, the request is not medically necessary.