

Case Number:	CM15-0199241		
Date Assigned:	10/14/2015	Date of Injury:	09/01/2009
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on September 1, 2009, incurring neck, shoulder, upper back and low back injuries. He was diagnosed with lumbar degenerative disc disease, cervicalgia, cervical radiculopathy and shoulder tendinosis. Treatment included pain medications, physical therapy, and home exercise program, aqua therapy, sleep aides, 6 sessions of Cognitive Behavioral Therapy and a cervical fusion on March 29, 2012. Currently the injured worker complained of increased pain in the lower back with pain into the right leg. He noted numbness and tingling in the thigh down into the knee. He had difficulty with urination. He reported medications did not relieve his pain and lying down on his side gave him the best results for relief. Magnetic Resonance Imaging of the lumbar spine revealed disc desiccation with disc bulging and stenosis. The injured worker complained of anxiety, tension, panic attacks, depression and insomnia secondary to the chronic pain. Treatments included antidepressants, anti-anxiety medications and sleep aides. The treatment plan that was requested for authorization on October 9, 2015, included a prescription for Ambien 10 mg #30 with 1 refill. On September 25, 2015, a request for a prescription of Ambien was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. In this case there is no evidence in the records from 10/9/15 of insomnia to warrant Ambien. In addition the records indicate that the injured worker has been taking Ambien for longer than 6 weeks, which is the duration of treatment recommended by the guidelines. Therefore the request is not medically necessary.