

Case Number:	CM15-0210394		
Date Assigned:	10/29/2015	Date of Injury:	12/18/2004
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 12-18-2004. Diagnoses include chronic low back pain, multilevel disc disease, lumbar discogenic and facetogenic pathology with radiculopathy, chronic cervicgia with spondylosis and cervicogenic headache, poor sleep hygiene secondary to chronic pain, myofascial pain and spasm, and gastritis secondary to NSAID use. Treatments to date documented in the records provided included medication therapy. On 8-3-15, he complained of progressively worsening pain in the low back with radiation to bilateral lower extremities, and neck pain with radiation to bilateral upper extremities associated with numbness. He reported "going through withdrawal without medications." Pain was rated 10 out of 10 VAS without medications. Medications prescribed since at least May 2015 included Celebrex, Dilaudid, Methadone, MsContin, Tigan, Ambien, Zanaflex and Prilosec. The records documented urine drug studies, 4As, and medication management was addressed and appropriate. The record indicated pain management was not as effective using the methadone without MsContin and Dilaudid. On 8-17-15, he reported loss of appetite, diarrhea, vomiting, and stomach pains and continued difficulty sleeping at night. The physical examination documented cervical and lumbar tenderness with decreased range of motion. The appeal requested authorization for Ambien 10mg tablets #30. The Utilization Review dated 10-7-15, modified the request to allow for Ambien 10mg tablets #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tab 10mg qhs #30: 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, 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are chronic low back pain secondary to multilevel disc disease; lumbar discogenic and facetogenic pathology with radiculopathy; chronic cervicgia; poor sleep hygiene secondary to the above; myofascial pain/spasm; gastritis symptoms secondary to non-steroidal anti-inflammatory drugs; and possible opiate class medication non-responder versus high tolerance. Date of injury is December 8, 2004. Request for authorization is October 2, 2015. There are no contemporaneous progress notes on or about the date of request authorization dated October 2, 2015. The most recent progress note in the medical record is August 17, 2015. The documentation contains and all medication report with inclusive dates September 30, 2014 through September 30, 2015. According to an August 3, 2015 pain management reevaluation, Ambien continues to be prescribed. Subjectively, the injured worker complains of poor sleep quality secondary to pain. Ambien is indicated for short-term (7-10 days). The treating provider exceeded the recommended guidelines by continuing Ambien, at a minimum, in excess of 12 months. The specific start date is not specified. There is no documentation demonstrating objective functional improvement to support the ongoing use of Ambien. There are no compelling clinical facts to support the ongoing use of Ambien. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of 12 months and no documentation demonstrating objective functional improvement, Ambien 10 mg #30 is not medically necessary.