

Case Number:	CM15-0211567		
Date Assigned:	10/30/2015	Date of Injury:	03/11/2007
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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, California

Certification(s)/Specialty: Family Practice

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 66 year old female patient, who sustained an industrial injury on 3-11-2007. Diagnoses include chronic neck, thoracic, and low back pain with multilevel disc disease, left knee pain, right knee pain, and left shoulder pain, right labral tear and impingement syndrome, status post cervical fusion in 2010, status post bilateral carpal tunnel release in 2009, and status post left knee arthroscopy on 1-8-15. Per the doctor's note 9-4-15, she had complaints of ongoing pain in the neck, back, left shoulder and left knee. Pain was rated 9 out of 10 VAS without medication and 4 out of 10 VAS with medications and medications were noted to increased functional ability. The physical examination revealed increased pain and muscle spasm of lumbar muscles, decreased range of motion in lumbar spine, tenderness of the left shoulder and tenderness and crepitus to left knee with edema. The medications list includes motrin, wellbutrin, lunesta, Norco, Fentanyl patch, Colace, and Prilosec. The plan of care included ongoing medication therapy as previously prescribed with the addition of Tizanidine 4mg tablets. At re-evaluation on 10-2-15, the record documented similar subjective and objective findings. Medications were noted to decreased pain from 9 out of 10 VAS to 4 out of 10 VAS. The plan of care included the addition for Ambien 10mg #30 with two refills. The records submitted did not include any documentation to support the need for additional medication. She had cervical MRI on 11/04/11; thoracic and lumbar spine MRI on 10/10/2011; left knee MRI on 2/4/2012; right shoulder MRI on 11/4/2014; lumbar MRI on 11/1/14 and cervical MRI on 3/9/15. She has undergone left knee meniscectomy in 2009. Treatments to date include activity modification, medication therapy, and physical therapy. A urine drug screen last completed on 5-19-15, was noted to be appropriate

and there were no adverse effects reported. The appeal requested authorization for Ambien 10mg tablets, #90. The Utilization Review dated 10-20-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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) Chapter : Pain (updated 12/02/15) Zolpidem (Ambien).

Decision rationale: Ambien 10 mg Qty 90. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the 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, 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 a concern that they may increase pain and depression over the long-term. A detailed rationale for the long term use of Ambien is not specified in the records provided. Detailed history related to insomnia is not specified in the records provided. A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10 mg Qty 90 is not medically necessary for this patient at this time given the medical records submitted and the guidelines referenced.