

Case Number:	CM15-0217760		
Date Assigned:	11/09/2015	Date of Injury:	08/20/2012
Decision Date:	12/28/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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 32-year-old female, who sustained an industrial injury on 8-20-12. Medical records indicate that the injured worker is undergoing treatment for status-post remote lumbar four-lumbar five decompression, protrusion of lumbar four-lumbar five with no significant neural encroachment, lumbar spondylosis, cervical spine herniated nucleus pulposus and lumboparaspinal trigger points. The injured workers work status was noted to be permanent and stationary. On (10-15-15 and 9-24-15) the injured worker complained of low back pain with right greater than the left lower extremity symptoms. The pain was rated 8 out of 10 on the visual analog scale. The injured worker also noted cervical spine pain with upper extremity symptoms rated 6 out of 10 on the visual analog scale. The injured worker was noted to be status-post lumbar decompression in 2013. Objective findings revealed multiple tender trigger points and spasm in the lumbar paraspinal muscles. A straight leg raise test was positive on the right. Tenderness of the cervical spine and a decreased range of motion were also noted. There are no complaints regarding sleep or insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. Treatment and evaluation to date has included medications, urine drug screen and physical therapy. Treatments and medications tried and failed include trigger point injections, non-steroidal anti-inflammatory drugs, ice applications, activity modification and a home exercise program. Current medications include Tramadol ER, cyclobenzaprine, Cymbalta, Naproxen and pantoprazole. The current treatment request is for Ambien 10mg #30. The Utilization Review documentation dated 10-30-15 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 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 Chapter, under Zolpidem.

Decision rationale: The patient presents on 10/15/15 with lower back pain rated 8/10 and cervical spine pain rated 6/10. The patient's date of injury is 08/20/12. Patient is status post lumbar decompression surgery at L4-5 level in September 2013. The request is for AMBIEN 10MG #30. The RFA was not provided. Physical examination dated 10/15/15 reveals tenderness to palpation of the cervical spine with diminished sensation noted in the right greater than left C6 and C7 dermatomal distributions. The provider also notes multiple tender trigger points in the lumbar paraspinal musculature, decreased sensation in the L5 and S1 dermatomal distributions, and positive straight leg raise test (side unspecified). The patient is currently prescribed Cymbalta, Naproxen, and Pantoprazole. Patient is currently classified as permanent and stationary. Official Disability Guidelines, Pain 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. About Ambien for this patient' insomnia secondary to chronic pain, the requesting provider has exceeded guideline recommendations. There is no evidence that this patient is currently prescribed Ambien. While this patient presents with significant chronic pain and associated insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets does not imply the intent to utilize this medication for 7-10 days. Therefore, the request IS NOT medically necessary.