MAXIMUS Federal Services

Case Number:	CM15-0218826		
Date Assigned:	11/10/2015	Date of Injury:	02/06/2013
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: Pennsylvania, Ohio, 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 50 year old female, who sustained an industrial injury on 2-6-13. The injured worker was diagnosed as having chronic pain syndrome; postlaminectomy syndrome lumbar; lumbar disc disease lumbar radiculopathy; lumbar facet syndrome lumbar; lumbar spinal stenosis; spondylolisthesis L4-5 level. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-20-15 indicated the injured worker complains of low back pain. The pain is described as sharp, stabbing, more on the right side with radiation to the right buttock and occasionally down to the right leg. The provider notes "The pain averages a 7 on a scale form one to two in intensity without medications and 5 out of 10 in intensity with medications." She reports occasional numbness in the right foot. She reports she is unable to stand longer than 20 minutes or sitting longer than 30 minutes or walking longer than 45 minutes. She report most of her day is lying down with a heating pad and does not sleep well. The provider notes "She has difficulty falling asleep and staying a sleep because of pain. The patient sleeps better with Ambien. She takes pain medications when she absolutely needs it. The last Percocet refill was more than 6 months ago." The provider reviews a CT myelogram done on 9-17-13 revealing "multilevel degenerative changes; L5-S1 solid global fusion; moderate multifactorial acquired L4-5 moderate central canal stenosis with mild to moderate foramina narrowing, mild anterolisthesis with some instability; multilevel facet arthropathy". The provider notes that surgery has been recommended. Other PR-2 notes dated 5-21-15 indicated the injured worker has had epidural steroid injections. A physical examination is documented. The treatment plan includes a refill for Ambien. A PR-2 note dated 6-5-15 indicated the injured worker was prescribed Ambien at that time for sleep. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 10-30-15 and non-certification for Ambien 5mg #20 with 2 refills. A request for authorization has been received for Ambien 5mg #20 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20 with 2 refills: 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 (Acute & Chronic) - 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/Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers' Compensation/Pain/Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline, particularly the request for 2 refills without interim follow-up. This request is not medically necessary.