

Case Number:	CM15-0225699		
Date Assigned:	11/24/2015	Date of Injury:	12/27/2001
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/17/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 59 year old male, who sustained an industrial injury on 12-27-2001. The medical records indicate that the injured worker is undergoing treatment for lumbar degeneration of intervertebral disc, radiculopathy, and dorsalgia. According to the progress report dated 10- 14-2015, the injured worker presented with complaints of low back pain with radiation down both legs. On a subjective pain scale, he rates his pain 8 out of 10. The physical examination of the lumbar spine reveals positive facet loading on the right, positive straight leg raise bilaterally, restricted range of motion, and diminished sensation in the bilateral L5 dermatome. The current medications are Butrans patch, Skelaxin, Hydrocodone-Acetaminophen, Ambien (since at least 2013), Flexeril, Seroquel, Soma, and Xanax. Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy, home exercise program, chiropractic, acupuncture, TENS unit, and multiple epidural steroid injections. Work status is described as permanent and stationary. The original utilization review (10-22-2015) had non-certified a request for Ambien 5mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ambien 5mg #20: Upheld

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

Decision rationale: The CA MTUS is silent regarding this topic so other references were used as primary. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia (7-10 days). This IW may have been receiving this medication for a greatly extended period of time either continuously or intermittently. Regardless of prior usage, this request alone exceeds the recommended duration. Further, the available medical record notes no discussion of this IW's sleep hygiene such as: "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping", which is required per listed guidelines. ODG also states, "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." The medical record provides no documentation of the sleep component in question. As such, the request for Ambien 5mg #20 is not medically necessary.