

Case Number:	CM15-0030492		
Date Assigned:	02/24/2015	Date of Injury:	07/11/2003
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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, Massachusetts

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

This 50 year old female sustained an industrial injury on 7/11/03, with subsequent ongoing back pain. Magnetic resonance imaging lumbar spine (7/27/12) showed multilevel degenerative disc disease with central spinal canal and neural foraminal stenosis. Treatment included epidural steroid injections, medications and physical therapy. In a PR-2 dated 1/15/15, the injured worker complained of ongoing low back pain with intermittent foot pain and cramping to the left lower extremity. The injured worker reported being on leave of absence from work due to pain. The injured worker reported that Ambien she was able to obtain up to 8 hours of restorative sleep. Physical exam was remarkable for lumbar spine with tenderness to palpation over the bilateral L5-S1 area with increased pain upon range of motion and decreased sensation on the outside of the left leg. Current diagnoses included lumbar stenosis, spondylolisthesis, facet arthropathy and radiculopathy flare. The treatment plan included lumbar spine epidural steroid injection, physical therapy, resuming pool work and continuing medications (Flexeril, Ambien, Klonopin, Mobic and Norco). On 1/28/15, Utilization Review noncertified a request for Ambien 10mg, noting excessive duration of use and dosage that exceeds FDA recommendations. ODG guidelines for treatment of insomnia were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (chronic), insomnia treatment.

Decision rationale: According to cited ODG guideline (CA MTUS does not address this medication specifically), zolpidem is approved for short-term use for treatment of insomnia of up to 4 weeks treatment duration. The patient has been treated with zolpidem (Ambien) for nearly two years. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Consequently the provided medical records and clinical guidelines do not support continued use of zolpidem as being medically necessary at this time.