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| Case Number: | CM15-0031692 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 04/06/2000 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old male, who sustained an industrial injury on April 6, 2000. He has reported a low back injury. His diagnoses include postlaminectomy syndrome, chronic pain syndrome, facet joint disease, and status post lumbar fusion x2. He has been treated with MRI, physical therapy, aquatic therapy, chiropractic therapy, lumbosacral facet joint injections, epidural steroid injections, cognitive behavior therapy, and pain, muscle relaxant, anti-epilepsy, and sleep medications. On March 27, 2015, his treating physician reports low back that is achy, throbbing, and radiating. The pain was rated 4-9/10. Medications and rest help the pain. The physical exam revealed the patient uses a four point cane, mild-moderate spasms of the lower lumbar paraspinal muscles, limited range of motion with discomfort in all planes, and facet loading maneuver remains positive. There was no leg pain. The effect from the prior facet injection was wearing off. The treatment plan includes sleep medication. On February 10, 2015, Utilization Review non-certified a prescription for Ambien 10mg #20 x 1, noting the guidelines recommends this medication for short-term use, and there is a lack of rationale for long-term use in the medical records. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain/Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg #20, with 1 refill is not medically necessary.