

Case Number:	CM15-0032240		
Date Assigned:	02/25/2015	Date of Injury:	11/17/2008
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on 11/17/2008. The diagnoses have included chronic pain syndrome, failed back surgery syndrome, degenerative lumbosacral intervertebral disc, neuropathic pain of the bilateral lower extremities and anxiety/depression due to chronic pain. Treatment to date has included functional restoration program, medications, morphine pump, exercise, and activity modification. Currently, the IW complains of low back and bilateral leg pain, left greater than right. Objective findings included increased lumbar lordosis with multiple surgical scars noted. There is tenderness in the superior aspect of the midline lumbar spinal scar. Gait is antalgic and she ambulates with a walker. There is decreased range of motion of the lumbar spine. There is hyperesthesia in the bilateral lower extremities. There is slight swelling and coolness. Sitting straight leg raise is positive on the left at 45 degrees. On 2/06/2015, Utilization Review non-certified a request for Ambien 12.5mg #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Ambien 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain-Zolpidem.

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.