

Case Number:	CM15-0036044		
Date Assigned:	03/04/2015	Date of Injury:	06/18/2001
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54-year-old female reported a work-related injury on 06/18/2001. According to the progress note dated 2/6/15, the injured worker (IW) reports pain in the neck, back, legs and arms. The low back pain shoots down her legs and she has spasms in the low back, legs and arms. The IW was diagnosed with degeneration of lumbar/lumbosacral intervertebral disc. Previous treatments include medications, physical therapy, home exercise, TENS, epidural steroid and facet injections. The treating provider requests Ambien 5mg #30. The Utilization Review (UR) on 02/12/2015 non-certified the request for Ambien 5mg #30, citing Official Disability Guidelines (ODG) Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #30: 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, 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 5 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnosis is degeneration lumbar or lumbosacral intervertebral disc. Documentation from April 3, 2014 progress note shows the injured worker was taking Lunesta. Ambien was first recognized in a progress note dated February 6, 2014. The documentation shows Lunesta was denied and Ambien subsequently requested. Ambien is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. Lunesta is not recommended for long-term use but for short-term use. The treating physician requested a one-month supply of Ambien. A one-month supply is in excess of the recommended guidelines for short-term (7 to 10 days). Consequently, absent compelling clinical documentation with objective functional improvement (of Lunesta) to support Ambien (recommended for short-term 7 to 10 days), Ambien 5 mg #30 is not medically necessary.