

Case Number:	CM15-0039015		
Date Assigned:	03/09/2015	Date of Injury:	12/13/2007
Decision Date:	05/12/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male sustained an industrial injury on 12/13/07, with subsequent ongoing low back pain. Previous surgeries included L4-5 bilateral discectomy (10/24/08), three knee surgeries, L3-4 Pro Disc replacement and L4-5 fusion. In a visit note dated 1/27/15, the physician noted that the injured worker had been having a hard time for the last month due to a recent reduction in narcotics and cold weather. The injured worker complained of back pain and spasms. Physical exam was remarkable for lumbar spine with limited range of motion. The physician noted that the injured worker was very stiff. Current diagnoses included lumbar disc displacement and lumbar degenerative disc disease. The treatment plan included one more month of MS Contin, continuing Soma, Amitriptyline, Oxaprozin, Gabapentin and Protonix and a prescription for Ambien Cr.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG 2 TABS Q HS #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem -Ambien-.

Decision rationale: The patient presents on 01/27/15 with unrated lower back pain and associated spasms. The patient's date of injury is 12/13/07. Patient is status post L4-S1 discectomy and fusion on 10/24/08, status post ProDisc disc replacement at L3/L4 levels at a date unspecified, and status post 3 knee surgeries including allograft ACL repair at dates unknown. The request is for AMBIEN CR 12.5 MG 2 TABS QHS #30. The RFA was not provided. Physical examination dated 01/27/15 reveals stiffness and limited range of motion of the lumbar spine. Physical examination is otherwise unremarkable. The patient is currently prescribed Senna, Amitriptyline, Soma, Docusate Sodium, Cymbalta, Oxaprozin, MS Contin, Amitza, and Duloxetine. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 04/07/14, though there is no documentation of efficacy in the subsequent reports. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.