

Case Number:	CM15-0055153		
Date Assigned:	03/30/2015	Date of Injury:	02/05/1999
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 48 year old male who sustained an industrial injury on 2/5/99. The mechanism of injury is unclear. He currently complains of ongoing chronic severe low back pain and left leg pain with worsening numbness, tingling and weakness of the left leg. His pain intensity is 6-8/10 with medications and 10/10 without medications. Medications are Dilaudid, Exalgo, Norco, Baclofen, Neurontin, Fentanyl Colace and Miralax. Medications allow increased mobility, tolerance of activities of daily and home exercise. Diagnoses include failed back syndrome; chronic lumbar pain and radiculopathy; thoracic disc disease; status post intrathecal pain pump .Treatments to date include transforaminal epidural steroid injection with greater than 80% relief of pain and function improvement and decrease in pain medications for greater than six weeks, home exercise, medications and moist heat. Diagnostics include MRI of the lumbar spine (10/13/14); MRI of the thoracic spine (10/13/14) abnormal findings. In the progress note dated 2/11/15 the treating provider's plan of care includes to enhance sleep but no mention of a sleep enhancer prescribed. The progress note dated 10/20/14 indicates a plan of care including Ambien to provide more sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg #30 with 3 refills: 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 chapter (chronic), mental illness and stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien CR 12.5 mg #30 with 3 refills, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has chronic severe low back pain and left leg pain with worsening numbness, tingling and weakness of the left leg. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien CR 12.5 mg #30 with 3 refills is not medically necessary.