

Case Number:	CM15-0056851		
Date Assigned:	04/01/2015	Date of Injury:	07/29/1981
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: District of Columbia, Virginia
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 57-year-old male sustained an industrial injury to the back on 7/29/81. Previous treatment included magnetic resonance imaging, epidural steroid injections, chiropractic therapy, physical therapy, lumbar spine surgeries, home exercise and medications. The injured worker developed an infection to his surgical incision after 2013 lumbar fusion with subsequent chronic wound drainage. In a PR-2 dated 3/16/15, the injured worker complained of ongoing chronic low back pain. The physician noted no interim changes to the injured worker's physical exam. Current diagnoses included thoracic spine sprain/strain and lumbar spine sprain/strain. The treatment plan included a home transcutaneous electrical nerve stimulator unit, Norco and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Per ODG guidelines, Ambien is a short-acting sedative hypnotic. It is used to treat insomnia for about 2-6 weeks. 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, a in 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 (Feinberg20008). See insomnia treatment. Ambien CR offers no significant clinical advantage over regular release ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discourage, as outline in insomnia treatment. (ambien and ambien CR package insert). Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpiden immediate release to CBT was modestly beneficial during acute(first 6 weeks) therapy but better long-term outcomes were achieved when ambien IR was discontinued and maintenance of CBT continued(Morin 2009). The patient had been on this therapy for over this time period and there was no medical establishment of this medication found. Therefore, is not medically indicated.

30 Ambien 10mg: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: Per ODG guidelines, Ambien is a short-acting sedative hypnotic. It is used to treat insomnia for about 2-6 weeks. 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, a in 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 (Feinberg20008). See insomnia treatment. Ambien CR offers no significant clinical advantage over regular release ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discourage, as outline in insomnia treatment. (ambien and ambien CR package insert). Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpiden immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy but better long-term outcomes were achieved when ambien IR was discontinued and maintenance of CBT continued (Morin 2009). The patient had been on this therapy for over this time period and there was no medical establishment of this medication found. Therefore, is not medically indicated.

