

Case Number:	CM15-0058024		
Date Assigned:	04/02/2015	Date of Injury:	10/30/1998
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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: Arizona, California
 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 64 year old female who sustained an industrial injury when she slipped on water and fell on October 30, 1998. The injured worker is status post anterior cervical discectomy and fusion at C3-4, C4-5, C5-6 and C6-7 (2005 and 2008), L2-3, L3-4 and L4-5 interbody fusion (2005) followed by extension T12-L1 and L1-2 in 2007 complicated by staphylococcus infection, extension of thoracic fusion T5-L5 in 2011, revision of lumbar fusion and incision site in 2009, removal of pedicle screws and placement at higher thoracic level with bilateral T10, T11 and T12 laminectomies in February 2013, spinal cord stimulator (SCS) implant 2006 and intrathecal pain pump last performed in June 2013. A T12-L1 bilateral lumbar epidural steroid injection (ESI) was administered on November 6, 2014. The injured worker has a medical history of bilateral deep vein thrombosis and pulmonary emboli. The injured worker has chronic pain syndrome and chronic myofascial pain. According to the primary treating physician's progress report on February 20, 2015, the injured worker presented for a scheduled intrathecal pump refill. She continues to experience debilitating pain in the mid and lower back. The injured worker is unable to bear weight on her lower extremities and uses a wheelchair. Muscle atrophy is greater in the right lower extremity. Deep tendon reflexes were brisk bilaterally with positive bilateral ankle clonus. The injured worker received 4 trigger point injections for myofascial pain in the posterior lumbar musculature at the office visit. Current medications are listed as Intrathecal Dilaudid/Baclofen/Bupivacaine, OxyContin, Dilaudid, Norco, Neurontin, Fexmid, Meloxicam, Prilosec, Zofran, Colace and Effexor XR. Treatment plan consists of bilateral epidural steroid injections (ESI) at T12-L1, increase intrathecal

Dilaudid dose, and continue with home health services, orally prescribed medications and the current request for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 Ambien.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines insomnia medications Page(s): 64.

Decision rationale: Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Behavioral modifications to aid with sleep were not noted. Continued use of Ambien is not medically necessary.