

Case Number:	CM15-0081463		
Date Assigned:	05/04/2015	Date of Injury:	04/12/2008
Decision Date:	06/03/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida

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 49-year-old male, who sustained an industrial injury on 4/12/2008. He reported low back pain. The injured worker was diagnosed as having chronic left knee pain, bilateral lumbar joint pain, lumbar facet joint arthropathy, status post sacroiliac joint radio frequency nerve ablation, status post left knee surgery, lumbar stenosis, and lumbar sprain/strain, left ankle derangement, and status post left ankle surgery. Treatment to date has included medications, injections, and surgery. The request is for Ambien. The records indicate he has been utilizing Ambien since at least October 2014. On 10/2/2014, he complained of continued low back pain. The treatment plan included nerve block, medial branch block, injection, and Ambien. The Ambien is reported to give 2 extra hours of sleep at night. On 3/3/2015, he had continued low back pain with radiation into the buttock and down the left leg to the calf. The treatment plan included sleep study, Ambien, nerve block for the left knee, and lumbar medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain-Zolpidem.

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly, prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.