

Case Number:	CM15-0082473		
Date Assigned:	05/29/2015	Date of Injury:	12/15/1989
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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 (IW) is a 59 year old male who sustained an industrial injury on 12/15/1989. He reported a back injury. The injured worker was diagnosed as having chronic pain syndrome, postlaminectomy, lumbar; back pain, lumbar, with radiculopathy, bilateral; sacroiliac joint dysfunction; myofascial pain syndrome; depression, chronic; anxiety, chronic; insomnia, chronic; situation post arthrodesis, anterior and posterior, lumbar; degenerative disc disease, lumbar spine; and testicular pain. Treatment to date has included epidural steroid injections and oral pain medications. Currently, the injured worker complains of pain in the legs, buttock, thoracic spine, hips, low back, ankles, feet and groin. The pain was increasing in intensity since his last visit with an increase in pain and spasticity. The pain was rated an average of 4/10 with medications and 10/10 without medications and described as sharp, aching, shooting, throbbing, dull, burning, stabbing, and electrical and made worse by activities. Medications, ice, nerve blocks, sleep and position changes helped alleviate his pain. On examination the range of motion was decreased and there was tenderness from T8-T10 on the right. The worker ambulates in a slow, steady gait without the use of a cane and has decreased torso range of motion. The treatment plan included evaluation and treatment of the chronic pain and acknowledgement that the worker has a broken screw in the hardware in his back, which amplifies his back problem. Follow-up with the PCP for any medical or healthcare concerns is planned and a return to the Pain Management clinic in 30 days or sooner as needed for any worsening symptoms is planned. A request for authorization is made for Ambien 10 mg #30 and Oxycontin 80 mg #26.

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 (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (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 insomnia medications including Sonata and Restoril in the past 2 years. Chronic use of sleep aid medications is not recommended. The continued use of Ambien is not medically necessary.