

Case Number:	CM15-0085939		
Date Assigned:	05/08/2015	Date of Injury:	12/17/2002
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old female who sustained an industrial injury on 12/17/2002. Mechanism of injury is not documented. Diagnoses include wrist joint pain, lumbar degenerative disc disease, post laminectomy syndrome and lumbar spinal stenosis. Treatment to date has included medications, and an intrathecal pump. A physician progress note dated 04/14/2015 documents the injured worker complains of lumbar back pain which she rates as 3 out of 10. She was recently diagnosed with Stage 3 chronic kidney disease. In addition she is being treated for rheumatica joint pain and chronic abdominal pain which are covered through her private insurance, and she rates that pain as a 6-7 out of 10. She continues to remain active walking 2 miles 2-3 days a week and remodeling her home. She has difficulty falling asleep and remaining asleep. Treatment requested is for Ambien 12. 5mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30 with 2 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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduled IV controlled substances, which means they have potential for abuse and dependency". Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Ambien 12.5mg #30, with 2 refills is not medically necessary.