

Case Number:	CM15-0086185		
Date Assigned:	05/08/2015	Date of Injury:	10/10/2012
Decision Date:	06/23/2015	UR Denial Date:	04/20/2015
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: California

Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on October 10, 2012. He reported neck, low back, bilateral shoulder, hip, ankle and foot pain after falling from a ladder. The injured worker was diagnosed as having status post lumbar spinal surgery, status post compression fracture of the lumbar spine, severe depression and anxiety with suicidal ideation, gastric issues, cervical spine strain/sprain and bilateral feet sprain/strain. Treatment to date has included diagnostic studies, lumbar surgery, conservative care, psychotherapy, medications and work restrictions. Currently, the injured worker complains of neck, low back, bilateral shoulder, hip, ankle and foot pain with associated severe depression, social withdrawal, sleep disruptions, anger, gastrointestinal upset and irritability. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 29, 2014, revealed severe depression. Evaluation on January 22, 2015, revealed continued severe pain. He was noted to have an antalgic, slow gait. It was noted he had depression and gastrointestinal upset secondary to pain and medication use. He requires daily medication to maintain function and was noted to be unable to perform most activities of daily living. He was noted to be able to ambulate only about 10 minutes before developing severe pain. A wheelchair was recommended until further evaluation for possible additional surgical intervention. Medications for sleep were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tab 10mg #30 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment) Official Disability Guidelines (ODG) Mental illness and Stress, Zolpidem (Ambien).

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically. A letter of appeal dated 4/27/15 was reviewed. In the letter, it provided no relevant information except to quote sections of the ODG in claiming that the ODG approves of chronic Ambien use. The ODG specifically recommends against chronic use of Ambien despite Ambien CR being approved for chronic use. While Ambien CR may be approved for chronic use, it is still not recommended due to risk of dependency and high risk for worsening sleep disturbance. The provider has failed to make any rationale justification as to why a potentially harmful treatment course should be continued. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is not consistent with short term use or attempts to wean patient off medication. The chronic use of Ambien is not medically appropriate or necessary.