

Case Number:	CM15-0087025		
Date Assigned:	05/11/2015	Date of Injury:	02/09/2007
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 2/09/2007. Diagnoses include chronic pain syndrome, lumbar radiculopathy, numbness, lumbar post laminectomy syndrome, lumbar degenerative disc disease, low back pain, insomnia and muscle pain. Treatment to date has included medications, home exercise, and heat and ice application. Per the Primary Treating Physician's Progress Report dated 3/17/2015 the injured worker reported low back and left leg pain. His pain is a little worse and rated as 10/10 without medications and 5/10 with medications. Physical examination of the lumbar spine revealed tenderness over the paraspinous muscles and limited range of motion due to pain. The plan of care included medications and authorization was requested for Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 Chapter.

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) Chapter, Zolpidem (Ambien).

Decision rationale: This patient presents with chronic low back pain. The patient also suffers from insomnia. The current request is for Ambien 10MG #30. The Request for Authorization is dated 04/17/15. Treatment to date has included surgery, medications, physical therapy, home exercise, and heat and ice application. The patient is currently working part-time. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" This patient suffers from lumbar post laminectomy syndrome and has a history of sleep disturbances. The patient has been prescribed Ambien to help manage his sleep issues since at least 09/30/14. According to progress report 03/17/15, the patient reported using Ambien to help him fall asleep and it has been helpful. The treating physician noted that medications decrease pain and increase function, which allows him to continue working part time. ODG does not support the use of Ambien for longer than 7-10 days. The requested 30 tablets in addition to previous use does not indicate short-term use. The requested Ambien IS NOT medically necessary.