

Case Number:	CM14-0000724		
Date Assigned:	01/31/2014	Date of Injury:	05/10/2003
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old male who reported an injury on 05/10/2003. The mechanism of injury was reportedly due to a fall backwards striking right upper extremity and landing on left buttock. Per the clinical note dated 11/08/2013 the injured worker reported lumbar pain left greater than right and insomnia related to pain. The physician reported palpable spasm over the facet joints and a positive straight leg raise. Per the same clinical note the injured worker was taking Ambien CR 12.5mg for greater than 4 months and was to continue it. At the same time he was prescribed the Ambien 5mg tablet. Per the clinical note dated 07/03/2013 the physician stated the injured worker had no obvious radiculopathy and an MRI which read as normal. The injured worker was taking Ambien 10mg for five months per the clinical note dated 06/04/2013, however, it was not reported on the clinical note dated 07/03/2013. Per the operative note dated 03/16/2013 the injured worker underwent a lumbar medial branch nerve radiofrequency rhizotomy to the left side at L5, L4, and L3. The diagnoses for the injured worker include low back pain, strain to lumbar region, facet syndrome and chronic pain syndrome. The request for authorization for medical treatment was dated 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guideline, Chapter: pain (Acute & Chronic); Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Zolpidem.

Decision rationale: Per the Official Disability Guidelines Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. 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. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. Per the clinical notes provided the injured worker was taking the Ambien CR for more than 6 months and had taken Ambien 10mg for more than 4 months. As the injured worker was noted to be continuing use of the Ambien CR, the addition of Ambien 5mg would exceed dosing recommendations, and as this medication is not recommended for long term use, the request for the Ambien 5mg #30 is non-medically necessary and appropriate.