

Case Number:	CM14-0101726		
Date Assigned:	09/16/2014	Date of Injury:	10/23/2003
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 53-year-old male with a 10/23/03 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/22/14, the patient complained of ongoing pain in his low back which radiated down to both lower extremities. He rated his pain as a 5 in intensity. The patient's current medical regimen is titrated to the lowest levels possible in order for the patient to get pain relief, sleep, and function on a daily basis. Objective findings: pain with all maneuvers of lumbar spine, decreased sensation in lower extremities, and tenderness to palpation along the medial lateral joint line of bilateral knees with crepitus noted with general range of motion. Diagnostic impression: lumbar disc disease with bilateral lower extremity radiculopathy, reactionary depression and anxiety, cervical sprain/strain syndrome, bilateral knee sprain/strain. Treatment to date: medication management, activity modification, spinal cord stimulator, surgery. A UR decision dated 6/13/14 denied the request for Ambien. There is no documentation of insomnia characterized by difficulties with sleep initiation. In addition, there is no documentation of the intended duration of therapy with Ambien.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: The MTUS does not address this issue. The ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports provided for review, the patient has been taking Ambien since at least 12/3/2012, if not earlier. Guidelines do not support the long-term use of Ambien. Furthermore, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg #30 was not medically necessary.