

Case Number:	CM14-0115825		
Date Assigned:	09/10/2014	Date of Injury:	05/16/2009
Decision Date:	10/29/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 66-year-old woman who sustained a work related injury on May 16, 2009. Subsequently, she developed chronic low back, bilateral upper extremity, and bilateral lower extremity pain. According to the progress note dated July 1, 2014, the patient complained of lower backache, bilateral upper extremity pain, and bilateral lower extremity pain. Pain level has remained unchanged since last visit. Quality of sleep is poor. The patient reported some efficacy of her medications (Ambien, Celebrex, Pantoprazole, Voltaren, Cozaar, and Hydrochlorothiazide). Her physical examination of the lumbar spine revealed asymmetry or abnormal curvature on inspection of the lumbar spine with reduced range of motion. Lumbar facet loading is positive on the right side. Stretch of the piriformis was negative. straight leg raising test was negative. FABER test was positive. Pelvic compression test was negative. Tenderness was noted over the sacroiliac spine. Examination of the right shoulder revealed no swelling, deformity, joint asymmetry or atrophy. No limitation is noted flexion, extension, adduction, abduction, active elevation, passive elevation, internal rotation or external rotation. Examination of the right hip joint revealed no erythema, swelling, atrophy or deformity. Range of motion is restricted with internal rotation limited to 30 degrees limited by pain and external rotation limited to 60 degrees. Left knee is stable to varus stress in extension and at 30 degrees. No joint effusion noted. McMurray's test was negative. On sensory examination, light touch sensation is decreased over lateral calf, lateral thigh, 1st toe, 2nd toe, 3rd toe on the right side. Wadell's signs are negative. The patient was diagnosed with lumbosacral disc degeneration. The provider requested authorization for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tablets qty: 30 refill 1: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatains>).

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 schedule IV controlled substances, which means they have potential for abuse and dependency>. Ambien is not recommended for long-term use to treat sleep problems. It seems that the patient has been prescribed in the past Ambien without clear documentation of efficacy. There is no objective characterization of the patient sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no characterization of patient sleep problems. Therefore, the prescription of Ambien (Zolpidem) 10mg, #30 is not medically necessary.