

Case Number:	CM14-0116514		
Date Assigned:	09/12/2014	Date of Injury:	07/06/2009
Decision Date:	10/06/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice and is licensed to practice in Ohio. 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 46-year-old male whose stated date of injury was 7-6-2009. He developed neck and back pain radiating down his lower extremities. He underwent disc implants at L3-L4, L4-L5, and had an anterior fusion at L5-S1. His physical exam reveals spasm and tenderness to palpation in the paraspinal regions of the lumbar spine, diminished lumbar range of motion, fast loading signs, and diminished sensation to both lower extremities. He is maintained on oral narcotics and utilizes Ambien and Atarax for chronic severe insomnia. Diagnoses include cervical radiculitis, lumbar facet arthropathy, status post lumbar fusion, severe depression, and insomnia secondary to pain. He was assessed by a psychologist on 3-17-2014 and additionally found to have a severe rating on the suicide probability scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg 1 Tab po atnight, QTY: 60, for chronic lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2006.ACOEM-
[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Section, Zolpidem (Ambien) Other Medical Treatment Guideline or Medical Evidence: Physician's Desk Reference, 2010, Ambien.

Decision rationale: The Official Disability Guidelines state that 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. 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The Physician's Desk Reference goes on to state that the failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness that should be evaluated. Further, Ambien should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients protective measures may be required. In this instance, the duration of therapy with Ambien is clearly beyond that suggested by the guidelines. There is no evidence from the reviewed records that cognitive therapy for insomnia has been utilized. Additionally, the injured worker is known to be severely depressed and has a high suicide potential, both red flags for the use of Ambien. A note from the treating physician from 4-28-2014 states that "If a reduction or discontinuation of Ambien is not tolerated, we will attempt to transfer to another sleep agent or one suited for long-term use based on medical evidence." Therefore, Zolpidem Tartrate 10mg 1 Tab po at night, QTY: 60, for chronic lumbar pain is not medically necessary. The treating physician should consult appropriate guidelines for weaning.