

Case Number:	CM14-0119767		
Date Assigned:	09/16/2014	Date of Injury:	03/13/1995
Decision Date:	11/20/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 60 year-old man who sustained a work-related injury on March 15, 1995. Subsequently, the patient developed chronic back pain as well as left shoulder and neck pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, decreased strength in the left lower extremity, and decreased sensation in the left L4-L5 territory. The patient MRI of the lumbar spine demonstrated bilateral neural foraminal narrowing at L4-L5. According to a progress report dated on January 20, 2014, the patient was complaining of chronic pain. He was status post left shoulder surgery and left index finger surgery. The patient was treated with multiple epidural steroid injections of the neck and the back to, acupuncture and pain medications. Without medications, his pain severity was rated the pain over 10 and is reduced at 6/10 medications. His physical examination demonstrated lumbar tenderness with reduced range of motion as mentioned below, decreased left shoulder upper extremity strength at the deltoid and triceps, tenderness over the medial left knee and positive McMurray testing. According to the note dated on May 1 2014, the patient reported some improvement with radiofrequency ablation. The patient physical examination was unchanged. He was treated with the same medication including topical analgesic, Norco, Ambien, Nortriptyline and Omeprazole. According to another note dated on June 26, 2014, the patient reported the continuous improvement from a previous cervical radiofrequency ablation performed on April 9, 2014. He reported stiffness and pain radiating down his upper extremities and pain with a severity level rated 9/10. The provider has requested authorization to continue Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine Sedative-Hypnotics (Benzodiazepine-Receptor Agonists) (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

Decision rationale: According to Official Disability Guidelines (ODG), Non-Benzodiazepine Sedative-Hypnotics (Benzodiazepine-receptor agonists) is considered 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 mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no recent documentation of sleep problems. Therefore, this request is not medically necessary.