

Case Number:	CM14-0119915		
Date Assigned:	09/16/2014	Date of Injury:	07/05/2003
Decision Date:	10/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 female injured on 07/05/03 while sitting in a kiosk when a motor home hit the kiosk pushing a pillar into her back and resulting in chronic lumbar pain. Clinical diagnoses include cervical strain/sprain, possible cervical discopathy, L4 vertebral body evulsion fracture, and lumbar discopathy. Clinical note dated 02/28/14 indicated the injured worker continues to complain of cervical pain and lumbosacral pain. Cervical spine examination revealed tenderness in the paraspinus muscles with positive spasms. Lumbar spine examination revealed paraspinal tenderness and positive straight leg raise test at 30 degrees. Clinical note indicated the injured worker received Toradol IM injection for pain during this visit. The injured worker was also started on Ambien 10mg tablet during this visit. Clinical note dated 05/16/14 indicated the injured worker complains of lumbosacral pain. The injured worker continues to take Norco for pain relief. Examination of the lumbar spine revealed paraspinous tenderness and decreased range of motion. Cervical spine examination was positive for spasms. Medications include Norco 10/325mg, Naproxen 500mg, and Ambien 10mg tab. The previous request for Ambien 10mg tab #30 was non-certified on 07/21/14. 16653

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10 mg. # 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 (ODG): Pain (Chronic)

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg cannot be recommended as medically necessary.