

Case Number:	CM14-0126240		
Date Assigned:	09/12/2014	Date of Injury:	08/29/2011
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 49-year-old female, who reported injury on 08/29/2011 by unspecified mechanism. The injured worker's treatment history included medications, physical therapy, and MRI studies. The injured worker was evaluated on 08/08/2014, and it was documented that the injured worker complained of low back pain. She was status post-surgery on 02/27/2014 with new numbness and radicular pain in the right buttock, anterolateral leg and thigh, and right anterolateral foot. The injured worker also complained of midback pain with prolonged sitting, right hip pain increased when the back pain was intense, and depression due to the inability to return to work. The injured worker had signed a controlled substance agreement. The pain level was 7/10 with the medication, and without medication it was 10/10. The opioid medication allowed the injured worker to do daily activities. The pain medication caused constipation and some lethargy. The injured worker denied aberrant behavior. The injured worker's mood and affect was mildly depressed. Physical examination of the lumbar spine revealed moderate muscle spasm, decreased range of motion, and positive straight leg raise. Physical examination of the thoracic spine revealed mild spasm from T6 to T10 and limited range of motion. Sensation was altered to anterolateral thigh, lateral leg, and lateral foot in the L4 and L5 distributions. There was also decreased sensation in the anteromedial leg. Medications included Opana IR 10 mg, naproxen 550 mg, Soma 350 mg, and Ambien CR 12.5 mg. The injured worker had a urine drug screen on 08/06/2014 that was positive for zolpidem. Diagnoses include a lumbar strain with lumbar radiculopathy, especially right sided, status post-surgery on 02/27/2014 with worsening of the right sided radiculopathy and new right sided symptomology, sensory radiculitis in the anterolateral thigh, anterolateral leg and foot; right greater than left thoracic strain; secondary depression due to chronic pain from the above diagnoses; and,

insomnia due to chronic pain. Request for Authorization, dated 08/19/2014, was for zolpidem tartrate 12.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 12.5mg #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, Pain Procedure Summary

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

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine 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. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Zolpidem Tartrate is not supported. As such, the request is not medically necessary.