

Case Number:	CM14-0132319		
Date Assigned:	10/06/2014	Date of Injury:	08/22/2000
Decision Date:	10/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational Medicine 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:

There were 391 pages provided in this review. There was a partially medically necessary for Duragesic, Lyrica and Norco. Per the records provided, the claimant is described as a 48-year-old man injured 14 years ago. The mechanism of injury had not been described. As of May 13, 2014, he has back pain radiating down the left leg and lower backache. The pain with medicine is six out of 10, and without is nine out of 10. He denies other symptoms. The quality of sleep is poor and he continues on a daily walking program. Straight leg raising was positive on the left side and there was decreased motor strength. The urine drug screen was appropriate. The patient cannot heel walk. Lumbar facet loading was positive on both sides. Diagnoses included chronic back pain, spine spinal lumbar degenerative disc disease and Post Laminectomy Syndrome. Treatment to date includes medication and an RS4i unit. Medicines include Duragesic, Lyrica, Norco, and Ambien number 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20: 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); FDA (Ambien)

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

Decision rationale: The MTUS is silent on the long-term use of Zolpidem. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting Nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that 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 may. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long-term usage. The medicine was appropriately not medically necessary.