

Case Number:	CM14-0146704		
Date Assigned:	09/18/2014	Date of Injury:	10/06/2002
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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:

This 53 year-old patient sustained an injury on 10/6/2002 while employed by [REDACTED]. Request(s) under consideration include Ambien 5mg #30. Diagnoses include Knee meniscus tear; lumbosacral joint sprain; postsurgical status; gastritis; and insomnia. Report of 5/28/14 noted patient with diagnoses of lumbar disc protrusion/ stenosis/ failed back syndrome s/p lumbar surgery 2007 and 2010. Report of 8/7/14 from the provider noted the patient with ongoing chronic low back pain rated at 10/10 without meds and 6/10 with medication Norco with residual right knee and right shoulder pain s/p arthroscopic decompression in 2012 and arthroscopic partial meniscectomy in 2012. The patient uses a cane due to weakness and pain in lower extremities. Exam showed incisions well-healed; tenderness to palpation over paraspinous muscles with spasms; positive SLR at 30 degrees bilaterally; decreased sensation over knee and bilateral calves; and motor strength of 5/5 in lower extremities. The request(s) for Ambien 5mg #30 was non-certified on 8/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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 (ODG), Pain Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®), pages 877-878

Decision rationale: This 53 year-old patient sustained an injury on 10/6/2002 while employed by [REDACTED]. Request(s) under consideration include Ambien 5mg #30. Diagnoses include Knee meniscus tear; lumbosacral joint sprain; postsurgical status; gastritis; and insomnia. Report of 5/28/14 noted patient with diagnoses of lumbar disc protrusion/ stenosis/ failed back syndrome s/p lumbar surgery 2007 and 2010. Report of 8/7/14 from the provider noted the patient with ongoing chronic low back pain rated at 10/10 without meds and 6/10 with medication Norco with residual right knee and right shoulder pain s/p arthroscopic decompression in 2012 and arthroscopic partial meniscectomy in 2012. The patient uses a cane due to weakness and pain in lower extremities. Exam showed incisions well-healed; tenderness to palpation over paraspinous muscles with spasms; positive SLR at 30 degrees bilaterally; decreased sensation over knee and bilateral calves; and motor strength of 5/5 in lower extremities. The request(s) for Ambien 5mg #30 was non-certified on 8/21/14. Per the Official Disability Guidelines (ODG), this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury of 2000. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 5mg #30 is not medically necessary and appropriate.