

Case Number:	CM14-0161493		
Date Assigned:	10/06/2014	Date of Injury:	01/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 31-year-old male who reported an injury on 01/27/2011 due to while sitting in a chair it breaking and him landing on the concrete in a sitting position, injuring his lower back. Past medical treatment consists of aquatic therapy, ESIs, surgery, discogram, physical therapy, acupuncture, and medication therapy. Medications include Lunesta, omeprazole, Soma, Percocet, Valium, Ambien, and docusate. The injured worker has a diagnosis of degenerative disc disease of the lumbar spine. On 08/22/2014, the injured worker complained of constant lumbosacral pain. It was noted on physical examination that the injured worker rated the pain at a 5/10 with medications and 10/10 without. It was also noted on physical examination that spasm was present in the lower lumbar paravertebral muscles bilaterally. Fabere was positive bilaterally. The medical treatment plan was for the injured worker to continue the use of Ambien 10 mg with a quantity of 30. The rationale and Request for Authorization form were not for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, 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 Chapter, Ambien.

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for short term, usually 2 to 6 weeks, treatment for insomnia. Proper sleep hygiene is crucial 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 antianxiety 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. Cognitive behavioral therapy should be an important part of an insomnia treatment. The submitted documentation dated 08/27/2014 indicates that the injured worker had been on the medications since at least this time, exceeding the recommended guidelines for short term therapy. Additionally, the efficacy of the medication was not submitted for review, warranting the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. The request for Ambien 10 mg quantity 30 is not medically necessary.