

Case Number:	CM14-0212696		
Date Assigned:	12/30/2014	Date of Injury:	04/15/2009
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 4/15/2009. Per progress report dated 11/4/2014, the injured worker states he continues with constant pain in his back. He states he can hardly stand to weight bear, stand up, bend or stoop. He states medications are helpful with at least 50% reduction in pain and 50% functional improvement with activities of daily living. On examination the lower back has limited range. Right and left straight leg raises are both 90 degrees causing right-sided back pain. Palpation reveals rigidity in the lumbar trunk suggesting muscle spasm with sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. He ambulates with a limp. Deep tendon reflexes remain +1 at the knees and ankles. He exhibits 5/5 strength in the lower extremity muscle groups. Diagnoses include 1) low back pain lumbar sprain/strain 2) small disc herniation at L5-S1 causing bilateral neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Official Disability Guidelines

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, Insomnia section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical report indicates that Ambien is prescribed for insomnia due to pain. There are no complaints of insomnia documented, however. The medications are reported to provide at least 50% pain reduction. The injured worker is reported to hardly stand to weight bear, stand up, bend or stoop. There is no report of difficulty lying down or falling asleep. The request for Ambien 10mg QTY: 30 is determined to not be medically necessary.