

Case Number:	CM14-0215608		
Date Assigned:	01/05/2015	Date of Injury:	04/19/1999
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 61-year-old male presenting with a work-related injury on April 19, 1999. The patient complained of neck and low back pain. The physical exam was significant for abnormal sensory examination and reduce sensation to light touch as well as pinprick to the right and left arm in the dermatomal distribution of C5, C6 and C7 distribution; reduce sensation to light touch/pinwheel at the right L5/S1 distribution, positive straight leg raise on the right at 50, reduce range of motion of the cervical spine, and reduce range of motion of the lumbar spine. The patient was diagnosed with lumbosacral degenerative disc disease, lumbar herniated nucleus pulposus, right radiculopathy, and cervical degenerative disc disease. The patient's medications included Norco, soma and Ambien.

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, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter

Decision rationale: The ODG states that sleep aids are "not recommended for long term use, but recommended for short-term use." While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found mild tranquilizers to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. The requested medication in this case is not medically necessary.