

Case Number:	CM14-0216360		
Date Assigned:	01/06/2015	Date of Injury:	07/04/2011
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 38 years old male who suffered an industrial related injury on 7/4/11 after falling from a pallet jack. A physician's report dated 12/16/14 noted the injured worker was diagnosed with a lumbar spine strain with small herniated nucleus pulposus at L4-L5. The physician's report noted that on 11/30/12 the injured worker was diagnosed with unspecified insomnia. On 12/16/14 the injured worker had complaints of thoracic spine pain that radiated to the right hip and thigh, mid back spasm, numbness from his mid back that continues to the right side of the abdomen, and occasional numbness and tingling in his arms and legs. The injured worker was temporarily totally disabled. The physical examination revealed a slight forward stoop, difficulty with movement, altered sensation in the right thigh, moderate hyperesthesia, and normal strength in bilateral upper and lower extremities, thoracic midline tenderness, moderate thoracic paraspinal spasms, and decreased thoracic range of motion; the lumbar spine- midline tenderness and moderate paraspinal spasms and negative Faber test was negative bilaterally. The medications list includes terocin patches and lotion. He has undergone removal of a thoracic schwannoma. On 1/21/14 the injured worker received a lumbar epidural which was noted to not be beneficial. He has had lumbar MRI and EMG/NCS lower extremities which revealed bilateral L4 and S1 radiculopathy. The injured worker had received physical therapy, acupuncture, chiropractic treatment, and H-wave home unit use. On 12/1/14 the utilization review (UR) physician denied the request for Ambien 10mg 1 tablet every night #30 with 1 refill. The UR physician noted there was no mention of insomnia or any sleep disturbance within the provided medical records. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG 1 Tab Every Night #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 02/10/15) Zolpidem (Ambien®)

Decision rationale: Request: Ambien 10 MG 1 Tab Every Night #30 with 1 Refill. Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety 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 a concern that they may increase pain and depression over the long-term. Detailed history of insomnia since date of injury in 2011 is not specified in the records provided. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10 MG 1 Tab Every Night #30 with 1 Refill is not fully established for this patient at this time.