

Case Number:	CM14-0218683		
Date Assigned:	01/08/2015	Date of Injury:	05/18/1999
Decision Date:	03/05/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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 52 year old female patient who sustained an injury on 05/18/1999. The diagnoses includes herniated nucleus pulposus T11-12, with thoracic myelopathy status post thoracic fusion T11-12 and a L4-5 broad based disk protrusion. She had complaints of thoracic and low back pain. On 09/17/2014, the IW was noted to be over one year out from a thoracic fusion. The fusion was stable. The low back continued to be problematic with back pain described as radiating to the legs. Earlier, she had about 70% improvement in her back pain symptoms following an epidural injection, but the relief lasted only six weeks. The patient uses Norco, and requested a muscle relaxant. Examination of the low back revealed tightness to palpation and a positive straight leg raise on the right at 90 degrees sitting. There was weakness in the right hip and a mild decrease in strength in the right ankle dorsiflexion and right hip flexors. Per the doctor's note dated 10/29/2014, she had complaints of back pain with radiating leg pain and received physical therapy with therapeutic exercise and massage. She was taking Norco and has had Soma as a muscle relaxant, but did not tolerate it due to an upset stomach. Other muscle relaxants were recommended. Physical examination revealed tightness in the low back, straight leg raising test on the right side at 90 degrees, weakness in the right hip and 4/5 strength in the right ankle. She is temporarily totally disabled. She has had X-rays of the thoracic spine which confirmed a solid fusion at T11-12, and a MRI from July 2014 which revealed degenerative changes throughout the spine with stenosis with severe impingement at L4-5. She has had physical therapy visits and epidural steroid injection for this injury. On 12/17/2014, a request for authorization (ROA) was received by the utilization review (UR) agency for a prospective

prescription of Ambien 10mg #30 between 12/08/2014 and 02/15/2015. The UR physician reviewed submitted medical records dated 09/17/2014 to 12/09/2014 and issued a UR letter on 12/22/2014 recommending that the request for Ambien 10mg #30 be non-certified. Since the California Medical Treatment Utilization Schedule (CA MTUS) did not address the appropriateness of Ambien, alternate guidelines were sought and the Official Disability Guidelines (ODG), Pain (Chronic) was used for reference. The reviewing physician also noted that the available records described chronic pain complaints and did not indicate any subjective complaints or diagnosis of insomnia. An application for independent medical review was submitted 12/25/2014 for one prescription of Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of 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 (ODG), Pain (Chronic)

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)^{1/2} Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only.

Decision rationale: Request: One prescription of Ambien 10mg #30CA 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 1999 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 One prescription of Ambien 10mg #30 is not fully established for this patient at this time.