

Case Number:	CM15-0112533		
Date Assigned:	06/19/2015	Date of Injury:	05/07/2002
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 5/7/2002. Diagnoses have included lumbar disc degeneration, lumbar failed back surgery syndrome, depression, gastritis, insomnia and chronic pain. Treatment to date has included surgery, a transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and medication. According to the progress report dated 4/15/2015, the injured worker complained of neck pain radiating down the bilateral upper extremities. He complained of low back pain radiating down the bilateral lower extremities. He reported insomnia associated with ongoing pain and anxiety. The pain was rated 6/10 on average. The injured worker reported worsening insomnia due to not having Ambien. The injured worker's gait was antalgic and slow. Exam of the lumbar spine revealed tenderness and spasms. There was tenderness to palpation at the bilateral anterior shoulders. Authorization was requested for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #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 chapter, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

Decision rationale: The patient presents on 04/24/15 with neck pain which radiates into the bilateral upper extremities, and lower back pain which radiates into the bilateral lower extremities. The pain is rated 6/10 with medications, 9/10 without, and is accompanied by GI upset secondary to medications and poor insomnia secondary to pain. The patient's date of injury is 05/07/02. Patient is status post L5-S1 fusion with subsequent hardware removal at a date unspecified. The request is for AMBIEN 10MG #30. The RFA was not provided. Physical examination dated 04/24/15 reveals tenderness to palpation/spasm of the lumbar paraspinal muscles from L4 to S1, and decreased sensation, reflexes, motor strength in the bilateral lower extremities with positive straight leg raise noted bilaterally. The provider also notes tenderness to palpation of the bilateral anterior shoulders with moderate swelling noted, and "improved" sensory examination since previous visit. The patient is currently prescribed Ambien, Gabapentin, Naproxen, Norco, Pantoprazole, Atenolol, and Hydrochlorothiazide. Diagnostic imaging included lumbar MRI dated 10/08/13, significant findings include: "post-surgical changes with partial fusion L5-S1; interval removal of hardware." Patient's current work status is not provided. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical 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 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 concern that they may increase pain and depression over the long-term." In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 01/07/15, with documented improvements in this patient's sleep noted in several progress notes. It is also noted that this patient has been recently unable to obtain refills of this medication owing to insurance denials. While this patient presents with significant chronic pain and associated psychiatric complaints/insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.