

Case Number:	CM15-0112759		
Date Assigned:	07/22/2015	Date of Injury:	08/25/2004
Decision Date:	08/27/2015	UR Denial Date:	05/27/2015
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: New York
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 8/25/04. He reported noted recurrent pain in lower back with radiation to left leg following lifting a 94 pound bag of mortar. The injured worker was diagnosed as having spinal-lumbar degenerative disc disease, post laminectomy syndrome of thoracic region lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included oral medications including Colace, Norco 10/325mg, Cyclobenzaprine 10mg and Lyrica 75mg, epidural steroid injections, Transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, occupational therapy and home exercise program. Currently on 5/14/15, the injured worker complains of low back pain, he reports his medications continue to reduce pain with minimal side effects; he rated the pain 2/10 with medications and 8/10 without medications. He also noted sleep was improved with medications, as it was easier to fall asleep, stay asleep and wake up the next day feeling rested. Work status is noted to be "return to duty full time". Physical exam performed on 5/14/15 revealed restricted range of motion of lumbar spine with spasm and tenderness of paravertebral muscles. The treatment plan included prescriptions for Ambien CR 12.5mg #30, Colace 100mg #60, Norco 10/325mg #90, Cyclobenzaprine 10mg and Lyrica 75mg #60 and transforaminal lumbar epidural injection. A request for authorization was submitted for Ambien CR 12.5mg #30, Colace 100mg #60, Norco 10/325mg #90, Cyclobenzaprine 10mg #30 and Lyrica 75mg #60 on 5/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment, Ambien.

Decision rationale: CA MTUS is silent on this topic. According to the above referenced ODG guideline, "Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. This can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the injured worker notes with medications he has less difficulty falling asleep, staying and he feels rested in the morning." The list of current medications does not include Ambien; however, the list of medications dating back to at least 2012 includes Ambien. There is no documentation of sleep studies, techniques applied to improve sleep, or effectiveness of this medications. There is no documentation provided indicating medical necessity for Ambien CR. Without the supporting documentation, the request for Ambien CR is not medically necessary.