

Case Number:	CM15-0114484		
Date Assigned:	06/22/2015	Date of Injury:	11/27/1996
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male, who sustained an industrial injury on 11/27/96. He has reported initial complaints of a low back injury. The diagnoses have included lumbago, failed back surgery, and lumbar pain with radiculopathy, insomnia, anxiety and depression. Treatment to date has included surgery, activity modifications, rest, cane other modalities, physical therapy and aquatic therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. Currently, as per the physician progress note dated 5/26/15, the injured worker is in for medication maintenance. He state that when he receives all the medications, they work well to control his pain enough to be functional with activities of daily living (ADL). The pain medications allow him to sit 20 minutes at his computer and walk around the block, attend church and sit in his recliner. The pain is in the bilateral legs, shoulders, buttocks, knees and low back. The physician noted that after the lights go out it takes more than two hours for him to fall asleep. He awakens at least 3 times a night. He also notes that the injured worker is resting or reclined 50-75 percent of the waking day. The injured worker is depressed, angry, anxious and frustrated. He complains of fatigue, loss of appetite, anxiety and depression. The physical exam reveals that the point of maximum tenderness in the lumbar spine is at the lumbosacral junction. He ambulates with a single point cane with antalgic gait. The current medications included Baclofen, Hydroxyzine, Capsaicin patches, Lidoderm patch, Duragsic patch, Norco, Ambien, Cymbalta, Naprosyn, Effexor, Zanaflex, Terazosin, Diphenhydramine, Voltaren and Androgel pump. There is no previous urine drug report noted in the records. The physician requested treatments included 30 tablets of Ambien 10mg and 30 tablets of Ambien 12.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ambien 10mg: 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) Treatment Index, 11th Edition (web), 2014, Pain, Zolpidem.

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

Decision rationale: 30 tablets of Ambien 10mg is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that 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. The documentation indicates that the patient has been on Ambien already and the ODG does not recommend this medication long term. This medication is recommended only for short treatment of insomnia. The request for Ambien 10mg is not medically necessary.

30 tablets of Ambien 12.5mg: 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) Treatment Index, 11th Edition (web), 2014, Pain, Zolpidem.

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

Decision rationale: 30 tablets of Ambien 12.5 mg is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that 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. The documentation indicates that the patient has been on Ambien already and the ODG does not recommend this medication long term. This medication is recommended only for short treatment of insomnia. The request for Ambien 12.5 mg is not medically necessary.