

Case Number:	CM15-0115969		
Date Assigned:	06/24/2015	Date of Injury:	05/17/2006
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on May 17, 2006 while working as an emergency medical technician. The injury occurred when the injured worker lifted a patient onto a gurney and experienced neck, mid back and low back pain. The diagnoses have included cervical anterolisthesis, cervical stenosis, cervical disc collapse, cervical radiculopathy of the right upper extremity, facet arthropathy, thoracic spine degenerative changes, lumbar spine degenerative disc disease, depression and lumbar facet arthropathy bilaterally. Treatment to date has included medications, MRI, radiofrequency ablations, injections, physical therapy and chiropractic treatments. Current documentation dated May 26, 2015 notes that the injured worker reported low back pain. The pain was described as burning, aching, tingling, spasms, numbness, tenderness and weakness. The average pain level was three out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness and a decreased and painful range of motion with all movement. Muscle tone was intact. There was loss of sensation noted in the cervical eight distribution. The injured worker noted without her medications she is unable to sit, sleep, sustain activity, type or work. The injured worker was noted to be able to sleep for six hours with medications. The treating physician's plan of care included a request for Ambien 10 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 3 refills: 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), Mental Health and Stress Chapter, Zolpidem.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address the medication Ambien. Therefore, the Official Disability Guidelines were referenced. Ambien is a prescription short-acting non-benzodiazepine 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. Ambien CR is supported for chronic use, but use of hypnotics is generally discouraged. In this case the documentation reveals that the injured worker has been taking Ambien for a prolonged period of time, which is not recommended by the guidelines. Therefore, the request for Ambien 10 mg #30 with 3 refills is not medically necessary.