

Case Number:	CM15-0118360		
Date Assigned:	06/26/2015	Date of Injury:	06/20/2002
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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 63 year old female with an industrial injury dated 06/20/2002. Her diagnoses included low back pain, status post lumbar microdiscectomy 04/14/2003, status post lumbar revision microdiscectomy L5-S1 on 04/20/2003, status post revision of L5-S1 lumbar discectomy with posterior lumbar interbody fusion on 05/05/2003, status post anterior L4-5 discectomy, partial L4-5 vertebrectomy, fusion of L4-5 and L5-S1 vertebrectomy on 06/07/2004 and status post repeat laminectomy at lumbar 5-sacral 1 and decompression with posterolateral fusion at lumbar 4 to sacral 1 on 06/08/2004. Comorbid diagnoses included liver transplant with partial renal insufficiency requiring post-transplant dialysis and hypertension. Prior treatment included physical therapy, neck surgery, multiple back surgeries and medications. She presents on 05/08/2015 with complaints of low back pain described as sharp, shooting and stabbing type pain radiating to the bilateral lower extremities. She rates the pain as 5/10 and is associated with weakness in the bilateral lower extremities, and numbness and tingling in the bilateral feet. She states she was recently hospitalized for "possible withdrawal overdose." Physical exam noted the injured worker appeared anxious and possibly in withdrawal. She was also tearful. Spasms and stiffness was noted in the lumbar paraspinal muscles. There was limited mobility of the lumbar spine. Stiff and antalgic gait was noted. Sensory was normal to light touch in bilateral lower extremities. Minimal swelling was noted in the right ankle. Gait was unsteady but she was able to ambulate without support. Treatment plan included medications, physical therapy and pain psychology. The provider documents a lengthy discussion with the patient and her husband

regarding the taper plan for Lorazepam and Carisoprodol. Urine drug screen was performed at the visit. The requested medications included Lorazepam 0.5 mg # 90, Lyrica 150 mg # 90, Nortriptyline 50 mg # 60, Soma 350 mg # 60 and Sulfate 30 mg # 60 which were authorized. The request for review is Ambien ER 12.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien ER 12.5mg #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), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien ER 12.5mg #30 is not medically necessary and appropriate.