

Case Number:	CM15-0122068		
Date Assigned:	07/06/2015	Date of Injury:	01/17/2006
Decision Date:	08/05/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, Florida, California

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 39 year old male, who sustained an industrial injury on 1/17/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar fusion, status post discectomy, lumbar intervertebral disc disorder with myelopathy, and sciatica. Treatment to date has included diagnostics, lumbar spinal surgery, pain management, and medications. Currently (4/03/2015), the injured worker complains of lumbar spine and right lower extremity, rated 9/10. Pain was rated 7/10 at best and 9/10 at worst. He also reported anxiety, stress, and insomnia. His work status was total temporary disability. He was prescribed Norco, topical compounded cream medication, and Ambien. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 Pain Chapter (online version) insomnia treatment.

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

Decision rationale: This claimant was injured in 2006. The diagnoses were lumbar fusion, status post discectomy, lumbar intervertebral disc disorder with myelopathy, and sciatica. Treatment to date has included diagnostics, lumbar spinal surgery, pain management, and medications. As of April 2015, there was continued lumbar and right lower extremity pain, anxiety, stress, and insomnia. His work status was total temporary disability. He was prescribed Norco, topical compounded cream medication, and Ambien. There is no mention of insomnia. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use appears to be chronic long term usage. The guides note that 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. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. The medicine was appropriately not medically necessary.