

Case Number:	CM15-0122978		
Date Assigned:	07/14/2015	Date of Injury:	02/18/2011
Decision Date:	09/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/25/2015

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: Pediatrics, Internal 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 49-year-old male, with a reported date of injury of 02/18/2011. The mechanism of injury was the moving of machines and tables that weighed up to 600 pounds and repetitive lifting during his shift. The injured worker's symptoms at the time of the injury included substantial pain in the back with radiation of pain from the lumbar spine to the waist and hips, more on the left side. The diagnoses include lumbar spine radiculitis with myofasciitis, thoracic spine sprain/strain with myofasciitis, and psych deferred. Treatments and evaluation to date have included oral medications, and physical therapy for the low back, with some relief. The diagnostic studies to date have included an MRI of the lumbar spine on 04/13/2012 and 05/07/2014 and electrodiagnostic studies of the bilateral lower extremities with unremarkable findings. The progress report dated 05/19/2015 was hand written and somewhat illegible. The request indicates that the injured worker had low back pain, rated 7 out of 10 at rest; and neck pain, rated 5 out of 10; and 7 out of 10 with physical activity. It was noted that the injured worker had sleep problems, and would sleep 4-5 hours. The pain woke him up at night. The objective findings include a normal gait, tenderness at the lumbar spine, positive bilateral sitting root test, absence of left Achilles reflex, and normal strength. The injured worker's work status was permanent and stationary. The medical report dated 06/04/2013 indicates that the injured worker reported a number of factors contributing to having poor sleep, and pain was a contributing factor. He also reported having anxiety due to his industrial injury and ability to work. The injured worker reported a history of snoring; he woke up with shortness of breath and

a choking sensation. He reported spending multiple hours in bed not sleeping at night. The treating physician requested Ambien 10mg #30. The rationale for the request was not indicated.

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, Ambien (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 Chapter, Zolpidem (Ambien).

Decision rationale: The CA MTUS Guidelines is silent on Ambien. The Non-MTUS Official Disability Guidelines indicate that "Zolpidem 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." Zolpidem is the generic name for Ambien. According the guidelines, "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." It was noted that Ambien was prescribed on 01/08/2013, and the medical records included a request for authorization for Ambien, which was dated 01/20/2015. There was documentation that the injured worker had a history of depressive and anxiety symptoms. The request does not meet guideline recommendations. Therefore, the request for Ambien is not medically necessary.