

Case Number:	CM15-0125647		
Date Assigned:	07/10/2015	Date of Injury:	02/22/1992
Decision Date:	09/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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 57-year-old female, who sustained an industrial injury on 02/22/1992. She has reported subsequent low back and bilateral lower extremity pain and was diagnosed with L4-S1 facet arthropathy, L4-L5 and L5-S1 disc degeneration, status post fusion from L2-S1, bilateral sacroiliac joint dysfunction and chronic intractable pain. Treatment to date has included medication, physical therapy, TENS unit and surgery. Documentation shows that the injured worker was prescribed Ambien since at least 12/04/2014 but there was no documentation as to why the medication was prescribed. There was no discussion of any sleep issues and there were no sleep disorder diagnoses listed in the medical record. In a progress note dated 05/11/2015, the injured worker complained of mid to lower back pain radiating to the left lower extremity and right groin pain that was rated as 6-8/10. Objective findings were notable for decreased sensation over the right L4 dermatome and an antalgic gait with slight weakness of the right extensor hallucis longus. A request for authorization of Ambien 10 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #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), Pain chapter.

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) chapter, Zolpidem (Ambien®).

Decision rationale: MTUS guidelines are silent regarding the use of Ambien so alternative guidelines were referenced. As per ODG, "Zolpidem (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." The documentation doesn't provide any indication as to the reason for prescription of Ambien. There was no mention of a diagnosis of a sleep disorder and no discussion of any sleep issues the injured worker may have been experiencing. The documentation shows that Ambien was prescribed since at least 12/04/2014 and guidelines do not support long-term use of this medication. Therefore, the request for authorization of Ambien 10 mg #30 is not medically necessary.