

Case Number:	CM15-0127324		
Date Assigned:	07/20/2015	Date of Injury:	03/02/2004
Decision Date:	08/19/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency 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 74 year old female, who sustained an industrial injury on March 2, 2004. She reported an injury to her right foot and low back. Treatment to date has included lumbar laminectomy and fusion, epidural steroid injection, medications, physical therapy, functional restoration program, home exercise program and TENS unit. Currently, the injured worker complains of neck and back pain. She reports that overall her pain is better since her lumbar fusion. She recently completed a functional restoration program. On physical examination the injured worker has a normal gait and has normal muscle tone in the bilateral upper extremities and the bilateral lower extremities. Straight leg raise tests are negative and her sensation to light touch and pinprick are intact in the bilateral lower extremities. The diagnoses associated with the request include post laminectomy syndrome, neck pain and sciatica. The treatment plan includes continuation of Lyrica, Ambien, Protonix, Tramadol and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 MG #30 DOS 4/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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; Zolpidem (Ambien).

Decision rationale: The request is for Ambien, the trade name for zolpidem, which is a non-benzodiazepine sedative/hypnotic used for treatment of insomnia. California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem may be considered for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is of greater importance and is critical to the individual with chronic pain and is often difficult to obtain. Various medications may provide short-term benefit, but long-term harm. While sleep aids and anti-anxiety agents are commonly prescribed in the setting of chronic pain, they are not recommended for long-term use. They can be habit-forming and may impair function and memory more than opioid pain relievers. According to the submitted medical records, while there is documentation of insomnia related to chronic pain, there is clear evidence that the injured worker has been prescribed Ambien for a duration that exceeds the guidelines. While the treating provider stated the injured worker utilizes Ambien only on an as needed basis, it has been prescribed quite regularly. There has been no discussion of the patient's adherence to sleep hygiene. The medical benefit to ongoing use of Ambien is greatly outweighed by the risk of ongoing use. The request as written is not medically necessary.