

Case Number:	CM15-0171597		
Date Assigned:	09/11/2015	Date of Injury:	02/07/2002
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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 60 year old female, who sustained an industrial injury on 02-07-2002. She has reported injury to the low back. The diagnoses have included low back pain; lumbar facet syndrome; lumbosacral neuritis; and chronic pain. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Morphine Sulfate ER, Norco, Baclofen, Senokot, and Ambien. A progress report from the treating physician, dated 07-21-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent low back pain; the low back pain mostly radiates to the left lower extremity, but also has right lower extremity pain; her left leg pain is associated with increased spasms; she also has neck pain and right shoulder pain; she has difficulty sleeping and feels Ambien CR is not helping; and she is requesting Lunesta. Objective findings have included spasms noted in the lumbar paraspinal muscles; tenderness noted in the lumbar facet joints in the left posterior superior iliac spine; dysesthesia noted to light touch in the left L5 and S1, more so than L4 dermatome; strength is 4+ out of 5 in the bilateral lower extremities; and straight leg raising is positive on the left. The treatment plan has included the request for Ambien 6.25mg #20. The original utilization review, dated 08-03-2015, non-certified a request for Ambien 6.25mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 6.25mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Zolpidem (Ambien).

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), Insomnia Medications.

Decision rationale: The requested Ambien 6.25mg #20, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has persistent low back pain; the low back pain mostly radiates to the left lower extremity, but also has right lower extremity pain; her left leg pain is associated with increased spasms; she also has neck pain and right shoulder pain; she has difficulty sleeping and feels Ambien CR is not helping; and she is requesting Lunesta. Objective findings have included spasms noted in the lumbar paraspinal muscles; tenderness noted in the lumbar facet joints in the left posterior superior iliac spine; dysesthesia noted to light touch in the left L5 and S1, more so than L4 dermatome; strength is 4+ out of 5 in the bilateral lower extremities; and straight leg raising is positive on the left. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 6.25mg #20 is not medically necessary.