

Case Number:	CM15-0173391		
Date Assigned:	09/15/2015	Date of Injury:	01/13/2012
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/02/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 45 year old female, who sustained an industrial injury on 01-13-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for radiating low back pain. Medical records (01-14-2015 to 08-03-2015) indicate ongoing low back pain with radiating pain into the bilateral lower extremities. Records also indicate no changes in activities of daily living, quality of life, or ability to function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 06-01-2015 and 08-03-2015, revealed decreasing pain levels, continued lumbar spinal tenderness, lumbar facet and paraspinal tenderness and positive facet loading maneuver. There were no complaints of insomnia in these reports; however, it was indicated that the injured worker might occasionally awake early as noted when her pain is increased. Relevant treatments have included physical therapy (PT), work restrictions, TENS (Transcutaneous Electrical Nerve Stimulation), sedating medication (Ambien since at least 01-2015), and pain medications (Norco, naproxen, Flexeril, and tramadol ER). Urine toxicology screening was available for review and showed inconsistencies with prescribed medications. The request for authorization (08-11-2015) shows that the following medication was requested and denied: Ambien 10mg #30. The original utilization review (08-17-2015) denied the request for Ambien 10mg #30 based on the use of the medication is not recommended beyond 7-10 days.

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 - TWC: Pain, 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are chronic pain syndrome; spinal enthesopathy; low back pain; and fasciitis, unspecified. Date of injury is January 13, 2012. Request for authorization is August 11, 2015. According to the progress note dated August 6, 2015, the treating provider prescribed Ambien. According to the August 3, 2015 progress note, subjective complaints include low back pain with bilateral radicular pain. There is no discussion of insomnia or sleep difficulties. Objectively, there is tenderness to palpation. Ambien is recommended for short-term (7 - 10 days). The treating provider prescribed Ambien in excess of four months. There are no compelling clinical facts to support ongoing Ambien. Additionally, there is no discussion of insomnia or sleep difficulties. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of insomnia and treatment continued in excess of four months without compelling clinical facts to support its use, Ambien 10 mg #30 is not medically necessary.