

Case Number:	CM15-0175666		
Date Assigned:	09/17/2015	Date of Injury:	10/05/2008
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 62-year-old male, who sustained an industrial injury on October 5, 2008. The injured worker was diagnosed as having chronic pain not elsewhere classified, chronic pain syndrome, and lumbar disc displacement without myelopathy. Medical records (June 18, 2015 to August 11, 2015) indicate the injured worker reported insomnia due to his chronic low back and right foot. He uses Ambien on an intermittent as needed basis. The Ambien helps him to sleep better and he is unable to get adequate sleep without Ambien. In addition, he reported anxiety and depression due to his chronic low back and right foot. Driving continues to significantly worsen his right foot pain. His pain rated 4-5 out of 10 with walking, 5-7 out of 10 with driving, and 2-3 out of 10 when he is off his feet. The physical exam (June 18, 2015) reveals an antalgic gait and the injured worker walks with a single crutch, tenderness to palpation at the lumbosacral junction with associated muscle tension, full flexion, decreased extension and rotation, decreased sensation to light touch along the right lateral calf, and decreased motor strength with right leg extension and right hip flexion. Diagnostic studies to date have included a MRI and electromyography. Surgeries to date have included right foot surgery in 2009. Treatment has included at least 10 sessions of physical therapy, aquatic therapy, acupuncture, a home exercise program, lumbar epidural steroid injections, a right ankle steroid injection, and medications including topical pain, hypnotic (Ambien since at least June 2015), antidepressant, and anti-epilepsy. Per the treating physician (June 18, 2015 report), the injured worker is permanently disabled. The requested treatment is Ambien 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Qty 30 with 3 refills (retrospective DOS 06/18/15): 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 - Zolpidem (Ambien); Mosby's Drug Consult: Zolpidem tartrate (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.