

Case Number:	CM15-0067758		
Date Assigned:	04/15/2015	Date of Injury:	10/25/2008
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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 46 year old female, who sustained an industrial injury on 10/25/2008. According to a progress report dated 03/04/2015, the injured worker's back pain was much better. She was having some right lower extremity numbness which was improving. Treatment to date has included surgery, physical therapy, medications and a home exercise program. Diagnoses included recurrent disc herniation status post decompression 2006, lumbar instability L4/5 and L4/S1 and degenerative spondylosis L4/5 status post anterior lumbar discectomy and fusion L4/5 and L5/S1 on 11/18/2014. Treatment plan included additional physical therapy, Ambien and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 Section, Zolpidem.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 5 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 workers working diagnoses are recurrent disc herniation; s/p decompression 2006; lumbar instability L4 - L5 and L5 - S1; degenerative spondylosis L4 - L5; status post ALDF L4 L5 and L5 - S1 on November 18, 2014. Subjectively, there is no documentation stating sleep difficulties or insomnia. There were no diagnoses reflecting sleep difficulties or insomnia. The injured worker was taking Lunesta (a short-term hypnotic (on December 1, 2014). On January 22, 2015, the progress note contains a request for Ambien 5 mg. Ambien is indicated for short-term (7 to 10 days) treatment of insomnia. The most recent note, March 4, 2015, contains a result Ambien 5 mg #30. The treating physician has exceeded the recommended guidelines of 7 to 10 days, short-term treatment of insomnia. Consequently, absent compelling clinical documentation in excess of the recommended guidelines (7 to 10 days), Ambien 5 mg #30 is not medically necessary.