MAXIMUS Federal Services

Case Number:	CM15-0074095		
Date Assigned:	04/24/2015	Date of Injury:	04/26/2004
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey
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 58-year-old male, who sustained an industrial injury on 4/26/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical pain and radiculitis. Treatment to date has included diagnostics, cervical epidural steroid injections (most recent on 1/26/2015), home exercise program, and medications. 1/08/2015, the injured worker complains of neck pain with radiation to the left arm and improvement in low back pain. He used Ambien and Restoril for the relief of insomnia secondary to pain (duration of use not noted). His sleep pattern was documented as 3 hours. Pain medication included Percocet. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #30 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and the Pain section, Ambien and insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was chronic use of Ambien leading up to this request for renewal. However, in the notes provided for review, a total of only 3 hours of sleep per night was reported, which is far too little benefit considering the long-term risks associated with Ambien use, including dependence. Although this is assuming this report of 3 hours of sleep per night was with the use of these medications, which is not clear in the documentation. Ongoing chronic use of Ambien is not recommended, regardless. Therefore, the request for Ambien will be considered medically unnecessary. Weaning is indicated.

Restoril 15 MG #30 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. However, in the notes provided for review, a total of only 3 hours of sleep per night was reported, which is far too little benefit considering the long-term risks associated with Restoril use, including dependence. Although this is assuming this report of 3 hours of sleep per night was with the use of these medications, which is not clear in the documentation. Ongoing chronic use of Restoril is not recommended, regardless. Therefore, the request for continued Restoril will be considered medically unnecessary. Weaning is indicated.