

Case Number:	CM15-0090267		
Date Assigned:	05/15/2015	Date of Injury:	06/24/2009
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 6/24/09. The injured worker has complaints of lumbar spine pain radiating down to her lower extremities bilaterally. The documentation noted on physical examination noted tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension and decreased sensation was noted in the L5-S1 (sacroiliac) dermatomal distributions bilaterally. The diagnoses have included lumbosacral radiculopathy and lumbar sprain/strain. Treatment to date has included soma; motrin; injections; home exercise program; transcutaneous electrical nerve stimulation unit; cognitive behavioral therapy and ambien. The request was for ambien 10mg (quantity unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg (quantity unspecified): 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, 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 Chapter, Zolpidem -Ambien.

Decision rationale: The patient presents on 05/06/15 with neck and back pain, which is, rated 8/10 without medications. No pain scale with medications is provided. The patient's date of injury is 06/24/09. Patient has no documented surgical history directed at this complaint. The request is for Ambien 10mg. The RFA was not provided. Physical examination dated 05/06/15 reveals mild tenderness to palpation and spasm of the cervical paraspinal muscles, and tenderness to palpation and spasm of the lumbar region. Straight leg raise is noted to be negative bilaterally. The patient is currently prescribed Motrin, Prilosec, and Soma. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem-Ambien Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term."In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has not specified an amount to be filled by the pharmacy. It is difficult to establish how long this patient has been taking Ambien or to what effect, as there are several requests for, and denials of Ambien CR 12.5 and Ambien 10MG spanning approximately 6 months of records. The associated IMR application (dated 05/04/15) does not paint a clear picture, either, as it is incomplete and does not list the medical treatments being challenged, or their quantity and dosage. It does however, reference utilization review decision dated 04/29/15, which non-certified Ambien on grounds that the requesting provider did not specify a quantity of to be filled by the pharmacy. Without a clear indication in the medical records or an RFA specifying an exact amount of this medication to be filled by the pharmacy, the medical necessity cannot be substantiated. The request IS NOT medically necessary.