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| Case Number: | CM15-0090819 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 12/14/2010 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/27/2015 |
| 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male injured worker suffered an industrial injury on 12/14/2010. The diagnoses included facet arthropathy, displacement of intervertebral disc without myelopathy and degenerative lumbosacral intervertebral discs. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections, physical therapy and medications. On 4/15/2015 the treating provider reported low back pain with radicular bilateral lower extremities with pain rated 7 to 8/10 without medications and 3/10 with medications. The treatment plan included Ambien. The medications listed are Hydrocodone, gabapentin and Ambien. The UDS dated 1/21/2015 was inconsistent with negative prescribed medications but positive cannabinoid metabolite.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg quantity 60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien (Zolpidem Tartrate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sleep medications be limited to short term period of less than 4 weeks. The chronic use of hypnotics and sedatives can lead to the development of tolerance, dependency, daytime somnolence, addiction and adverse interaction with other sedatives. The guidelines recommend that chronic pain patients with psychosomatic symptoms including insomnia be treatment with anticonvulsant and antidepressant co-analgesic medications. The records showed that the duration of utilization of Ambien had exceeded the 4 weeks recommended by the guidelines. There is no documentation of failure of co-analgesics, completion of sleep hygiene measures or comprehensive investigation for causes of the insomnia. The UDS report was inconsistent with prescribed medications. The criteria for the use of Ambien 5mg #60 with 1 refill was not met. Therefore the request is not medically necessary.