

Case Number:	CM15-0098598		
Date Assigned:	05/29/2015	Date of Injury:	08/15/2003
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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 45 year old female patient who sustained an industrial injury on 08/15/2003. The initial office visit dated 11/17/2014 reported current symptom of having neck pain with dysesthesias in the upper and lower extremities and global weakness to all extremities. She is diagnosed with cervical spondylosis and stenosis with probable myelopathy. The plan of care noted the patient to continue with trail of Lyrica 25mg BID increased to 50mg TID as tolerated, hydrocodone not to exceed one tab daily; and Ambien every HS. The Hydrocodone does improve her function. She is permanent and stationary. By May 08 /2015, the patient had subjective complaint of ongoing chronic neck pain. She is also with increased falls and balance issues. She has stopped smoking in preparation for surgical intervention. Current medications are: Norco 10/325mg, Lyrica 75mg, Ambien, Ibuprophen 600mg, Protonix DR, valium 10mg, Abilify, Terazosin, and Oxybutynin. The plan of care noted the patient continuing with current medication regimen. The following diagnoses are applied: cervical disc displacement without myelopathy; neck pain; lumbar disc displacement without myelopathy, and lumbar disc lumbosacral degeneration. The physician is pending MRI results, and surgical consultation follow up. She is top follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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 Official disability guidelines Pain chapter, Insomnia Treatment, section on Ambien.

Decision rationale: Based on the 4/16/15 progress report provided by the treating physician, this patient presents with neck pain, upper/lower extremity weakness. The treater has asked for Ambien 10mg #30 1 X NIGHTLY on 4/16/15. The patient's diagnoses per request for authorization form dated 4/17/15 are neck pain, cervical disc displacement without myelopathy, neuritis brachial not otherwise specified, cervical trigger point/trapezius trigger point, long-term use meds nec, therapeutic drug monitor, cervical disc displacement without myelopathy, stenosis spinal lumbar, degeneration lumbar lmb sac dl, lumbar disc displacement without myelopathy, spondylosis cervical w myelop. The patient is s/p physical therapy, multiple cervical injections, cervical MRI, and cervical decompression/fusion at C3-4 from 2008 per 1/13/15 report. The patient also has bilateral small finger numbness, as well as upper extremity pain/numbness per 3/30/15 report. The patient's work status is permanent and stationary as of 3/19/15 report. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated 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." The guidelines also state, "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. Adults who use Zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, a prescription for Ambien is first noted in progress report dated 11/17/14, and in 11 subsequent progress reports dated 11/24/14 to 4/16/15. The patient has not been diagnosed with insomnia but does report difficulty sleeping per 4/16/15 report. Nonetheless, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. In this case, the patient has been taking Ambien for 5 months, which exceeds ODG guidelines. Therefore, the request is not medically necessary.