

Case Number:	CM15-0099279		
Date Assigned:	06/01/2015	Date of Injury:	10/30/1998
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 64 year old female injured worker suffered an industrial injury on 10/30/1998. The diagnoses included cervical fusion, lumbar fusion, thoracic fusion, upper extremity radiculopathy, spinal cord stimulator and depression. The diagnostics included electromyographic studies/nerve conduction velocity studies and cervical, thoracic and lumbar magnetic resonance imaging. The injured worker had been treated with intrathecal pain pump, cervical epidural steroid injections and oral medications. On 4/24/2015, the treating provider reported very severe and debilitating pain with muscle spasms and contractures. She had cervical spine pain with associated cervicogenic headaches and radicular symptoms in both upper extremities that have gotten worse. The treatment plan included Ambien.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 4/24/15 progress report provided by the treating physician, this patient presents with worsening cervical spine pain with headaches and radicular symptoms into bilateral upper extremities. The treater has asked for Ambien tab 10mg every day #30 (30 day supply) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p extensive spine surgery with postoperative complications, and had an intrathecal Baclofen pump placed in June of 2013 per 4/3/15 report. The patient is currently receiving 10 hours of home care service per day for 5 days a week per 4/3/15 report. The patient is s/p cervical epidural steroid injection in the past 3-4 months, and is reporting 60-70% benefit with ability to increase activity level and therapy per 4/24/15 report. The patient's worsening pain condition is hindering her ability to participate in physical therapy, as well as her activities of daily living per 4/24/15 report. The patient's current medications include Intrathecal Dilaudid, Intrathecal Baclofen, Intrathecal Bupivacaine, Oxycontin, Dilaudid, Norco, Neurontin, Baclofen, Prilosec, Zofran, Colace, Ambien, Effexor, Meloxicam per 4/24/15 report. The patient is temporarily totally disabled for the next 6 weeks per 4/6/15 report. ODG-TWC, Pain (Chronic) 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. (Feinberg, 2008)" The treater does not discuss this request in the reports provided. The patient has been using Ambien in reports dated 10/28/14, 3/23/15, and 4/24/15. The patient has been using Ambien for more than 4 months. However, ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. Additionally, the treater does not document or discuss its efficacy and how it has been or is to be used. Furthermore, the request for additional Ambien #30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.