

Case Number:	CM13-0055364		
Date Assigned:	03/03/2014	Date of Injury:	06/07/2001
Decision Date:	09/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46-year-old female sustained an industrial injury on 6/7/01. Injury occurred while lifting a 45-pound box. Records indicated the patient had severe thoracolumbar and bilateral lower extremity pain. Pain was reported 10/10 without pain medications, and 8-9/10 with pain medications. The patient was using a spinal cord stimulator which reduced her lower extremity pain, but increased her thoracic pain. Psychiatric consultation and treatment has been recommended with screening evidence of moderately severe depression. Ambien has been used since at least 4/25/13 with no benefit or specific parameters of sleep dysfunction documented. The 10/14/13 treating physician report cited continued moderately severe to severe thoracolumbar pain radiating to her legs. Pain was reduced with lying down and medications. The patient was able to do some household chores with medications. The patient complained of insomnia. The diagnosis was thoracic pain, low back pain, lumbar radiculitis, lumbar post laminectomy pain syndrome, and chronic pain syndrome. Medications were refilled including Flexeril, Kadian, Percocet, and Ambien. Psychological consult was pending. The 11/4/13 utilization review denied the request for Ambien as there was no indication of duration of use or specifics of sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5 MG, #30 WITH 2 REFILLS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien®).

Decision rationale: The California MTUS guidelines do not provide recommendations for this medication. The Official Disability Guidelines recommend the use of Ambien as first-line medication for the short term (two to six week) treatment of insomnia. Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next-day functioning. Guideline criteria have not been met. There is no documentation that the patient has benefited from Ambien. There is no documentation relative to the specific parameters of sleep difficulty. Records indicate the patient has been using this medication since at least April 2013. There is no compelling reason to support the long-term use of Ambien in the absence of guideline support. Therefore, this request is not medically necessary.