

Case Number:	CM14-0140854		
Date Assigned:	09/10/2014	Date of Injury:	05/03/1982
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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:

The injured worker is an 83 year old male who was injured on 05/03/1982 from a motor vehicle accident that resulted in chronic neck pain. The mechanism of injury was not documented in the clinical notes submitted for review. Current diagnoses include cervical facet syndrome, cervical pain, and muscle spasm. Clinical note dated 07/29/14 indicated the injured worker complains of lower back ache, with pain level rated as 1/10 with medication. The injured worker indicated that he rarely exhibits cervical muscle spasms. The quality of sleep was described as fair, and his level of activity remained the same. The injured worker also indicated he takes Zanaflex at HS along with Ambien. Physical examination revealed antalgic gait. Cervical range of motion is restricted with flexion limited to 40 degrees, extension limited to 10 degrees and pain, but normal lateral rotation to the left and lateral rotation to the right. Examination of the paravertebral muscles, revealed tenderness on both sides. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Examination of the lumbar spine is restricted due to pain. There is paravertebral tenderness on both sides, and lumbar facet loading is positive bilaterally. There was also paracervical muscles of the neck. Motor examination is limited by pain. Examination of deep tendon reflexes revealed biceps reflex, brachioradialis reflex, and triceps reflexes were on bilateral sides. Medications include Oxycodone 5mg tab, Ambien Cr 5.25 mg tab, and Zanaflex 2mg tab. Clinical note dated 08/26/14 indicated the injured worker complains of lower back ache, and rated his pain level as 3/10. The injured worker indicated quality of sleep is poor, that without Ambien, he would be awake for 2 nights straight. He also indicated he did not try any other therapy for pain relief, and his activity level has remained the same. With Oxycodone his pain is reduced from 7/10 to a 2/10. The injured worker presents with increased left hip pain, which he has had before and relieved afterwards. Physical examination was the same as the previous clinic visit. Medications include trial of Nucynta

50mg QD for breakthrough pain, Ambien Cr 6.25 mg, and Zanaflex 2mg tab. The previous request for Ambien Cr 6.25mg, qty 10, was non-certified on 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Cr 6.25mg, qty 10: Upheld

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

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: As noted in the Official Disability Guidelines (ODG), Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 Cr 6.25 mg, qty 10 cannot be recommended as medically necessary.