

Case Number:	CM14-0068119		
Date Assigned:	07/11/2014	Date of Injury:	07/20/2004
Decision Date:	11/25/2015	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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 65 year old male, who sustained an industrial injury on 7-20-2004. The injured worker was diagnosed as having left lumbar radiculopathy, secondary depression, and insomnia due to continued low back pain. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, and medications. On 3-24-2014, the injured worker complains of low back pain with radiation to the left lower extremity (rated 7 out of 10 and rated 6 out of 10 on 1-13-2014), depression and frustration due to chronic pain and ongoing condition, and difficulty sleeping due to continued pain, noting "Ambien is helpful". He reported that his pain medication was not very effective lately although use of transcutaneous electrical nerve stimulation unit was very effective. His current sleep pattern-sleep hygiene was not documented. The use of Ambien was noted since at least 10-2013. Physical exam noted an antalgic gait, slight paralumbar muscle spasm and guarding, greater on the left side, decreased range of motion (70-80% of normal), and positive straight leg raise test on the left. His work status was permanent and stationary. He was to continue use of Norco, Naproxen, Soma, Nizatidine, Ambien, and transcutaneous electrical nerve stimulation unit. The treatment plan included Ambien 10mg, non-certified by Utilization Review on 4-12-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg PO QHS: 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) Zolpidem (Ambien).

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®), pages 877-878.

Decision rationale: MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2004 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg PO QHS is not medically necessary and appropriate.