

Case Number:	CM13-0020016		
Date Assigned:	03/28/2014	Date of Injury:	10/13/2006
Decision Date:	04/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of October 13, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; sleep aid; topical patches; extensive periods of time off of work, on total temporary disability; cervical epidural steroid injection therapy; and prior anterior cervical discectomy and fusion surgery. In a Utilization Review Report of August 12, 2013, the claims administrator approved a request for Prilosec, denied a request for Ambien, and approved a request for Norco. The applicant's attorney subsequently appealed. In a handwritten progress note of July 30, 2013, the applicant is described as reporting persistent neck pain and associated headaches. Epidural steroid injection therapy is endorsed. Medications are renewed. The applicant is placed off of work, on total temporary disability, asked to consider repeating cervical epidural steroid injection. In a subsequent handwritten note of February 22, 2014, the applicant is again described as having ongoing complaints of neck and wrist pain. Cervical radiculopathy is the operating diagnosis. Electrodiagnostic testing is ordered to search for carpal tunnel syndrome versus cervical radiculopathy. The applicant's work status is not detailed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN: 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), 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), Zolpidem (Ambien).

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem topic, Zolpidem or Ambien is not recommended for the chronic, long-term, and/or scheduled use purpose which is being proposed here. Rather, Zolpidem is recommended in the short-term, two- to six-week management of insomnia. In this case, however, the claimant's issues with insomnia secondary to chronic pain have seemingly been evident for several years. Continued usage of Ambien is not indicated in this context. Therefore, the request is not certified, on Independent Medical Review.