

Case Number:	CM13-0030790		
Date Assigned:	11/27/2013	Date of Injury:	03/27/1996
Decision Date:	11/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/01/2013

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 Geriatrics and is licensed to practice in New York. 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 a 50 year old woman with a date of 3/27/96. Medical records reviewed. She was seen by her pain provider on 8/22/13 with complaints of chronic chest and shoulder pain due to bilateral thoracic outlet syndrome status post TOS surgical decompression. She was said to be stable on current medications. At issue in this review is the prescription for Ambien. The note indicates that she has tried Ambien, biofeedback, Lunesta, Silenor and meditation and found Ambien to be most effective with her obtaining a good night's rest. There is no exam documented and length of prior therapy was not documented in the note. Her diagnoses were chronic bilateral brachial plexopathy pain and pain disorder with psychological / general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: 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), Pain (Chronic), Ambien (Zolpidem)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia and drug information: Zolpidem

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Individuals with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general behavioral suggestions regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. There is no documentation of a discussion of side effects and the records do not support the medical necessity of continued Ambien.