

Case Number:	CM13-0032142		
Date Assigned:	12/04/2013	Date of Injury:	02/03/2000
Decision Date:	01/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 assessor/recorder who has filed a claim for chronic neck, back, and wrist pain reportedly associated with an industrial injury of September 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aid; topical Voltaren gel; long-acting opioids, including OxyContin; and psychotropic medications, including BuSpar. In a Utilization Review Report of August 28, 2013, the claims administrator denied a request for Ambien #30 with five refills. The applicant's attorney later appealed. A subsequent note of October 16, 2013 is notable for comments that the claimant is on OxyContin, BuSpar, Ambien, and Voltaren. She states that she has difficulty both falling and staying asleep. Without Ambien, she states that she is having difficulty sleeping secondary to pain and is up during portions of the night. She is also using Voltaren gel, which she states helps her to sleep. BuSpar is diminishing both anxiety and pain. All the above medications are refilled. The applicant's work status is not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) 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 recommended only in the short-term, two to six weeks management of insomnia. It is not recommended on the chronic, long-term, and scheduled basis for which it is being proposed here, particularly as the applicant is using multiple psychotropic medications. Therefore, the request is not certified.