

Case Number:	CM13-0048248		
Date Assigned:	06/09/2014	Date of Injury:	12/13/2012
Decision Date:	07/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal 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 injured worker is a 50 year old female who is reported to have sustained work related injuries on 12/13/12. On this date, she is reported to have been lifting a bucket of water weighing approximately 10-15 lbs. out of a sink. She twisted to her right and slipped on a greasy floor falling backwards striking her left elbow against the edge of the sink and landing on her back. She subsequently reported injuries to her neck, back, right hip, and left upper extremity. She was initiated on a course of physical therapy and provided oral medications. The record includes an EMG/NCV of the upper extremities performed on 11/05/13. This study notes evidence of mild compression of the median nerve of the carpal tunnel bilaterally. There is a right active C6 radiculopathy. MRI of the cervical spine noted a left C4-5 disc protrusion and disc osteophyte complex with moderate to severe left and moderate right C4-5 foraminal encroachment. At C5-6, there is a 4mm posterolateral disc protrusion. An MRI of the right shoulder revealed a focal curvilinear tear of the intrasubstance of the anterior distal supraspinatus tendon extending 3mm in thickness through the peripheral/superior margin by 6mm transverse and 7mm anterior and posterior dimensions. MRI of the lumbar spine reveals mild multi-level degenerative disc disease with evidence of facet arthropathy at L4-5 and L5-S1. The submitted clinical records indicate the injured worker has been treated with oral medications, physical therapy, and chiropractic therapy. The most recent physical examination dated 12/18/13 indicates there is tenderness of the cervical, thoracic, lumbar spine, and right shoulder. Spurling's maneuver was positive as was provocative testing of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5 MG #60: 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 (ODG) Pain Chapter, Ambien.

Decision rationale: The submitted clinical records indicate that the injured worker is a 50 year old female who has a history of chronic cervical and right shoulder pain. The record suggests that the injured worker has been provided Ambien 5mg for an extended period of time for reported sleep disturbance. Current evidence based guidelines do not support the long term use of Ambien in the treatment of sleep disturbance. Per the guidelines, Ambien should be utilized for 2-3 weeks until the normalization of sleep has been established and discontinued at that time. As such, these guidelines do not support the chronic use of Ambien. Therefore, the request for Ambien 5mg #60 is not medically necessary.