

Case Number:	CM13-0062360		
Date Assigned:	12/30/2013	Date of Injury:	01/06/1992
Decision Date:	04/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Intervention Spine 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 patient is a 46-year-old female with date of injury of January 06, 1992. The listed diagnoses include neck pain, cervical spinal stenosis, cervical radiculitis, cervical facet syndrome, and chronic pain. According to a progress report dated November 06, 2013, by [REDACTED], the patient complains of neck and right arm pain. Physical examination shows that the cervical spine is tender over the left more so on the right. Upper most cervical posterior elements presents with increased pain, particularly upon extension and twisting. Upper extremities are normal as well as lower extremities. The treating physician is requesting a refill for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 6.25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment, Ambien

Decision rationale: The California MTUS and ACOEM Guidelines are silent with regard to this request. However, the Official Disability Guidelines for zolpidem state that it is indicated for short-term treatment of insomnia, with difficulty of sleep onset, for 7 to 10 days. In this case, the patient has been prescribed zolpidem since May 14, 2013 and zolpidem is not indicated for long-term use. Therefore, recommendation is for denial.