

Case Number:	CM13-0063232		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2009
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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:

A June 20, 2013 progress note is notable for comments that the applicant reported heightened neck and upper extremity complaints. The applicant was placed off of work, and on total temporary disability. The applicant was pending further shoulder surgery. Norco, Ultracet, and tramadol were endorsed while the applicant was again placed off of work. On October 18, 2013, the applicant was again placed off of work and issued prescriptions for Ambien, Ultram, and Norco. Ambien is reportedly being employed for insomnia, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG 1 P.O. QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION, (2013), PAIN CHAPTER, INSOMNIA TREATMENT.

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, ZOLPIDEM.

Decision rationale: The Official Disability Guidelines indicate that zolpidem or Ambien is recommended in the short-term treatment of insomnia, typically on the order of two to six (2-6) weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. It is further noted that the attending provider has not established the presence of the ongoing effectiveness of Ambien. The applicant continues to have issues of insomnia. It is further noted that the applicant is off of work. All of the above, taken together, imply that ongoing usage of Ambien has been unsuccessful. Therefore, the request is not medically necessary.