

Case Number:	CM13-0070751		
Date Assigned:	01/08/2014	Date of Injury:	09/07/2004
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 09/07/2004. The mechanism of injury was not stated. Current diagnoses include shoulder pain, cervical postlaminectomy syndrome and cervical radiculopathy. The injured worker was evaluated on 01/02/2014. The injured worker reported persistent pain with poor sleep quality. Current medications included Protonix DR, Viagra, Ambien, Nucynta and Lexapro. Physical examination on that date revealed restricted cervical range of motion, tenderness to palpation and 5/5 motor strength in the bilateral upper extremities. Treatment recommendations at that time included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF AMBIEN 10 MG, # 20: 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 Chapter.

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, Insomnia Treatment Section.

Decision rationale: The Official Disability Guidelines (ODG) state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has maintained a prescription for Ambien 10 mg since 2012. However, there was no evidence of a failure to respond to non-pharmacologic treatment. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary and appropriate.