

Case Number:	CM14-0009878		
Date Assigned:	02/21/2014	Date of Injury:	01/22/1998
Decision Date:	07/14/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

This is a 56-year-old female patient with a 1/22/98 date of injury. The mechanism of injury was not provided. A 12/30/13 progress report indicated that the patient complained of persistent bilateral neck pain, 7/10, which radiated to the right upper extremity. She also reported interferences with sleep. The patient was noted to be on Ambien daily in that visit. Physical exam revealed weakness and numbness in the right upper extremity and stiffness in the neck. She was diagnosed with psychalgia, fibromyalgia, degeneration of cervical intervertebral discs, cervical post-laminectomy syndrome, anxiety, and depression disorder. Treatment to date: medication management and recommendation for aquatic therapy. There is documentation of a previous 1/17/14 adverse determination, based on the fact that there was no evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG #30: 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 California MTUS guidelines do not support this issue. The ODG and the FDA indicate that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. There was documentation that the injured worker was taking Ambien chronically, however, there was no evidence of improvement of the injured worker's sleep hygiene. In addition, the ODG does not support long-term use of sedative-hypnotics due to their side effects and risk of dependence. Therefore, the request for Ambien 10 mg #30 was not medically necessary.