

Case Number:	CM14-0102425		
Date Assigned:	07/30/2014	Date of Injury:	12/01/1998
Decision Date:	09/12/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopedic Surgeon 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 52-year-old female who reported an injury on 12/01/1998. The mechanism of injury was not stated. The current diagnoses include low back pain, cervical facet syndrome, radiculopathy, cervical pain, pain in a limb, and wrist pain. The injured worker was evaluated on 05/13/2014 with complaints of persistent wrist pain, foot pain, and neck pain. The injured worker also reported poor sleep quality, poor energy, and numbness/tingling. The current medication regimen includes Ambien CR 12.5 mg, Miralax, Phenergan, Voltaren gel, Amitriptyline, Lidoderm patch, OxyContin, Soma, and Norco. It is noted that the injured worker has undergone cervical and lumbar radiofrequency ablations in 2006 and 2005. Electrodiagnostic studies performed on 10/16/2009 indicated normal findings. The injured worker is status post a second cervical facet radiofrequency ablation at C3-6 on 07/02/2008. Physical examination revealed restricted cervical range of motion, paravertebral muscle spasm and tenderness, trigger points, tenderness to palpation of the lumbar spine, negative straight leg raising, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 06/17/2014 for Ambien CR 12.5 mg, OxyContin 15 mg, Norco 10/325 mg, Soma 350 mg, and Amitriptyline HCL 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5MG Tablet 100 CN: 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) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state 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 utilized this medication since 11/2013. Despite the ongoing use of this medication, the injured worker continues to report poor sleep quality. There is also no frequency listed in the request. As such, the request is not medically necessary.