

Case Number:	CM14-0109742		
Date Assigned:	08/01/2014	Date of Injury:	02/07/2013
Decision Date:	09/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

The patient is a 55 year old female who was injured on 02/07/2013. The mechanism of injury is unknown. Prior medication history included Norco 10/325, Gabapentin 300, Ultracet 37.5, and Ambien 5 mg. Progress report dated 07/15/2014 states the patient complained of bilateral upper extremity pain. She rated her pain as a 7/10 and has remained 7/10 to 6/10 with Neurontin and over-the-counter Tylenol. She stated her medications allow her to per activities of daily living. Her pain outcome on Norco is 6/10. Objective findings on exam revealed tenderness to bilateral upper extremities and cervical spinal parasinal muscles. Diagnoses are chronic neck pain; bilateral shoulder pain; full thickness tear and superior labral tear. She has been recommended for neurontin, Ultracet and Norco. Progress report dated 06/17/2014 documented the patient's symptoms to be unchanged. She was prescribed Ambien 5 mg #30, Norco, Neurontin, and Ultracet. As Ambien is used as a sedative for insomnia, there are no reports with a diagnosis of sleep apnea or insomnia. Prior utilization review dated 07/03/2014 states the request for Retrospective request for Ambien 5mg, qty 30, DOS 06/17/14 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien 5mg, qty 30, DOS 06/17/14: 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 for

Workers' Compensation 2014 on the web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 03/31/14): Zolpidem.

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

Decision rationale: According to ODG guidelines, "Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." However, in this case, the patient is prescribed Ambien on a chronic basis without demonstrated efficacy. History and examination findings do not support an exception to guideline recommendations. Medical necessity is not established.