

Case Number:	CM14-0012684		
Date Assigned:	02/21/2014	Date of Injury:	04/05/2009
Decision Date:	08/20/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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 57 year old male who was injured on 04/05/2009 while he was driving his work vehicle. He tried to avoid debris that had fallen on the highway and injured his head, neck and left shoulder. Progress report dated 01/13/2014 documented the patient's symptoms were unchanged. His chief complaints were persistent neck pain and tingling in the left arm/fingers. He reported the medications have been helpful in controlling his pain. On exam, he had normal reflexes, as well as normal sensory and power testing to bilateral upper and lower extremities except mild decreased strength and sensation on the left at the C6 and C7 levels. He had decreased reflexes of the left biceps and triceps. He was able to heel-toe walk bilaterally. Positive cervical tenderness was present and cervical spine range of motion was decreased by 40%. Babinski was downgoing bilaterally. He had positive impingement testing on the left shoulder with marked decrease in range of motion and positive tenderness. He was diagnosed with herniated nucleus pulposus at C5/6 and C6/7, cervical strain, and left rotator cuff tear, impingement. His medications were refilled. Prior utilization review dated 01/22/2014 stated the request for Ambien 10 mg #30 1 tab at bedtime was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN, ZOLPIDEM (AMBIEN).

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, Zolpidem (Ambien); Insomnia Treatment.

Decision rationale: The medical records do indicate the patient has had issues with insomnia due to pain related to the injuries sustained in 2009. Appeal of Utilization Review Denial dated 01/25/2014, wherein [REDACTED] noted the patient has had difficulty with chronic sleep deprivation since his injury. In the QME performed 01/11/2013 by [REDACTED], a summary of [REDACTED] note from 07/19/2010 states, "He [REDACTED] states that he is having a great deal of difficulty sleeping." In the same QME, a summary of [REDACTED] note from 09/30/2013 states, "His [REDACTED] sleep is disturbed if he inadvertently rolls on his left side." Based on the ODG guidelines and criteria as well as the clinical documentation of sleep disturbance related to his pain, the request for Ambien 10mg, #30, 1 tab at bedtime is a reasonable request, and is found to be medically necessary and appropriate.