

Case Number:	CM14-0115133		
Date Assigned:	08/04/2014	Date of Injury:	02/16/2012
Decision Date:	09/10/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 68-year-old female with a 2/16/12 date of injury. At the time (5/5/14) of request for authorization for Ambien 5mg tablets #30, there is documentation of subjective (decreased sleep, neck pain and bilateral shoulder pain) and objective (tenderness over the bilateral shoulders and bilateral cervical paraspinal muscles, positive shoulder impingement sign, and positive Hawkin's test) findings, current diagnoses (decreased sleep secondary to chronic pain), and treatment to date (medications (including ongoing treatment with Ambien since at least 3/10/14)). Medical reports identify that Ambien improves patient's activities of daily living such as self-care and dressing. There is no documentation of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg tablets #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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, Zolpidem.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of a diagnosis of decreased sleep secondary to chronic pain. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that Ambien improves patient's activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, despite documentation of a diagnosis of decreased sleep secondary to chronic pain, there is no (clear) documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 3/10/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg tablets #30 is not medically necessary.