

Case Number:	CM14-0130257		
Date Assigned:	08/22/2014	Date of Injury:	07/27/1993
Decision Date:	10/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 72-year-old female who reported an injury on 07/27/1993. The mechanism of injury was not stated. Current diagnoses include cervical spinal stenosis, muscle spasm, extremity pain, cervical pain, and occipital neuralgia. The injured worker was evaluated on 07/02/2014 with complaints of radiating neck pain. The current medication regimen includes Ambien, Lidoderm patch, lorazepam, nortriptyline, tramadol, Prilosec, and Ultram ER. Previous conservative treatment includes medication management and cervical facet injections. The physical examination revealed restricted cervical range of motion, positive Spurling's maneuver, tenderness to palpation, facet tenderness over the C2-3 region, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization Form submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg at bedtime as needed #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Zolpidem

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 recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 days to 10 days. The injured worker has continuously utilized this medication since 01/2014. Despite the ongoing use of this medication, the injured worker continues to report difficulty sleeping. There is also no documentation of a failure to respond to nonpharmacologic treatment for insomnia. Based on the clinical information received, the request is not medically necessary and appropriate.