

Case Number:	CM14-0133366		
Date Assigned:	08/22/2014	Date of Injury:	05/25/2007
Decision Date:	10/21/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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:

There were 115 pages provided for this review. The application for independent medical review was signed on August 20, 2014. It was a retrospective review for Ambien 10 mg one tablet each evening. Per the records provided, this patient had a lower back and neck pain and also right shoulder pain. There were also headaches and paresthesia in the hand. There was numbness in the arm and weakness. The patient is now able to perform activities of daily living. The pain level was five out of 10. The patient was in no acute distress. Straight leg raise was positive at 40 degrees on the bright. The injury was on May 25, 2007. Current medicines include Nucynta, Neurontin, Norco, Ambien, Prilosec, Anaprox, baclofen and Topamax. The patient had 40 to 50% relief with a cervical epidural steroid injection. The patient has tried ice, non-steroidal anti-inflammatories, rest, heat application and pain improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Ambien 10 MG #30 (DOS: 06/26/14): Upheld

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

Decision rationale: The MTUS is silent on the long term use of Zolpidem. The Official Disability Guidelines, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. Therefore, this request is not medically necessary.