

Case Number:	CM14-0135284		
Date Assigned:	08/27/2014	Date of Injury:	06/13/2013
Decision Date:	09/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine and is licensed to practice in New York. 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 58 year old male truck driver with a date of injury on 06/13/2013. He was opening the back door of a trailer and it got stuck as he was lifting it open. He injured his neck and both shoulders exerting more force than usual opening the door. He stopped working on 07/01/2013. On 08/16/2013 he had neck pain radiating to his shoulders, arms and hands. Ambien has been prescribed since 2013. On 12/04/2013 he had a MRI of the cervical spine that revealed degenerative disease and disc protrusion. On 02/05/2014 he had EMG/NCS (electromyography/nerve conduction study) that revealed bilateral carpal tunnel syndrome and bilateral ulnar tunnel syndrome. He did not have cervical radiculopathy. On 03/28/2014 he had neck pain radiating both wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA approved packet insert, Ambien.

Decision rationale: In the MTUS ACOEM guidelines for the treatment of neck injuries (Chapter 8) and for the treatment of shoulder injuries (Chapter 9), there is no mention of the use of Ambien as a recommended treatment. The patient has continued treatment with Ambien since at least 2013. The FDA decides whether a drug on the US market is safe and effective and determines the indication for the use of the drug. Ambien is FDA approved treatment for sleep onset insomnia as a short term treatment. The use of Ambien for more than 35 days is not consistent with the FDA approved packet insert ("Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.") The continued use of nightly Ambien for 2013 and 2014 is experimental and investigative treatment and is not consistent with the FDA approved packet insert as safe and effective treatment.