

Case Number:	CM14-0159100		
Date Assigned:	10/02/2014	Date of Injury:	04/07/2008
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine, 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:

This patient is a 47-year-old female with an injury date of 04/07/08. Based on the 08/11/14 progress report, the patient complains of numbness in the arms and lower back pain. X-ray studies revealed loss of disc height at the L5-S1 level and a metallic implant was noted at the cervical spine. Her diagnoses include the following: Shoulder Region Disorders Not Elsewhere Classified; Sprain and Strains of Wrist Not Elsewhere Specified; Sprain and Strain of Neck; Sprain and Strain of Shoulder and Upper Arm Not Otherwise Specified; and Cervical Disc Disease. The provider is requesting Ambien 5mg at bed time as needed for insomnia, #30 x5. The utilization review denied the request on 08/29/14. The requesting provider submitted treatment reports from 03/03/14 to 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, 1 at bed time as needed for insomnia, #30 x 5: 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, Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Insomnia treatment

Decision rationale: According to the 08/11/14 report, the patient presents with pain at the neck and lumbar spine. "The patient has been complaining of difficulty with her sleep and has been using Ambien with some benefit." This patient is taking Norco and Opioid medications on an as-needed basis to control her symptoms. Based on the 07/14/14 record, she has "spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine." The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The treater is requesting 5 mg #30 x5 which is longer term use than the guidelines established by the ODG. The request is therefore not medically necessary or appropriate.