

Case Number:	CM14-0186242		
Date Assigned:	11/14/2014	Date of Injury:	09/15/2010
Decision Date:	12/31/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 & Rehabilitation 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:

The injured worker is a 47-year-old female who reported an injury on 09/15/2010. The mechanism of injury was not provided. Her diagnoses were noted to include cervical pain, degenerative disc disease, myofascial pain, back pain, lumbar degenerative disc disease, low back pain, arthritis of the back, depression, left shoulder pain, left knee pain, cervical radiculopathy, cervicgia, chronic intractable pain, hip pain, hand joint pain, lumbago, and left foot pain. Her past treatments were noted to include surgery, Butrans patch, physical therapy, TENS unit, and medications. On 10/20/2014, the injured worker was noted to have severe, generalized pain of her back, which she rated 10/10 on the pain scale. She stated that this pain was made worse by activities of daily living. It was noted in the clinical documentation that her "sleep is poor due to chronic pain." Upon physical examination, it was noted that this injured worker had tenderness and diminished range of motion to her shoulder and lumbar spine. Her relevant medications were noted to include Nucynta. The treatment plan was noted to include Celecoxib 200 mg, Ambien 10 mg, and Neurontin 100 mg. A request was received for Ambien 10 mg, quantity 60, for sleep. The request for authorization was signed on 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

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

Decision rationale: The request for Ambien 10 mg, quantity 60, is not medically necessary. According to The Official Disability Guidelines, Ambien is recommended for 7 to 10 days to treat insomnia. The guidelines also state that cognitive behavioral therapy is an important part of the treatment plan for insomnia. It is also notated in the guidelines that the FDA requires a dosage for women to be 5 mg. The clinical documentation noted that this injured worker had poor sleep due to chronic pain. However, it was not notated that a cognitive behavioral therapy plan was in place in conjunction with the insomnia treatment. As there is no plan for cognitive behavioral therapy, and as the request exceeds the recommended dosage of this medication, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for Ambien 10 mg, quantity 60, is not medically necessary.