

Case Number:	CM14-0029489		
Date Assigned:	06/20/2014	Date of Injury:	04/28/2010
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63-year-old male injured on 04/28/10 due to an undisclosed mechanism of injury. Current diagnoses include post cervical laminectomy pain and cervical radiculopathy pain. Documentation indicates the injured worker was status post cervical laminectomy and spinal cord stimulator implantation on 09/23/13. It is noted the injured worker initially received 80% reduction in pain; however, he is reporting the stimulator is no longer providing pain relief. The injured worker is currently requesting hardware removal from the cervical spine and stimulator removal. The clinical note dated 01/27/14 indicates the injured worker presented complaining of increased pain in the neck radiating to bilateral shoulders and upper extremities. The injured worker also reports continued increased pain with restricted hand/arm activities rated at 7/10. The injured worker indicates severe pain interferes with sleep requiring medication management. Current medications include Neurontin 300mg po q 12 hours, Norco 10/325mg q 12 hours PRN, MS-Contin 15mg po bid, and Ambien 10mg qhs PRN. Physical assessment of the cervical spine reveals decreased range of motion, normal sensation to bilateral upper extremities, strength 5/5 to upper extremities, reflexes are symmetrical, tenderness on palpations are cervical spine, cervical facet joints, and trigger point tenderness on the cervical and trapezius muscles, tenderness and palpations on bilateral shoulders, decreased range of motion on the left shoulder, decrease sensation to touch in bilateral hands. Physical examination of the lumbar spine revealed normal range of motion, normal sensation to bilateral lower extremities, strength is intact to bilateral lower extremities, reflexes are symmetrical and no tenderness is allocated to palpations to the lumbar spine. Treatment plan includes trigger point injections in the cervical area, occipital nerve block, continuation of Norco, MS-Contin, Ambien, and encouragement of continued physical activities and exercise. The initial request for Ambien 10mg #30 was initially non-

certified on 02/07/14. The initial request for trigger point injections-trapezius muscle 1 x 3 was initially non-certified on 02/07/14.

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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg #30 cannot be recommended as medically necessary.