

Case Number:	CM14-0040943		
Date Assigned:	06/30/2014	Date of Injury:	01/31/2008
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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:

The patient is a 54-year-old male who has submitted a claim for left knee pain, right shoulder pain, osteoarthritis, chronic pain, and right shoulder derangement; associated with an industrial injury date of 01/31/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 8-9/10, radiating down the right lower extremity, and left knee and right shoulder pain. Pain is aggravated by activity and walking, and relieved by medication. Physical examination showed that the patient was observed to be in moderate distress. Tenderness was noted at the right shoulder and bilateral knees. Range of motion of the right shoulder was decreased due to pain. Treatment to date has included medications, acupuncture, psychotherapy, and physical therapy. Utilization review, dated 03/10/2014, denied the request for Ambien because guidelines do not recommend its long-term use, and documentation did not contain information indicating any improvement with Ambien to reconsider guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem, Mental Illness & Stress.

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.

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Ambien for insomnia since at least July 2008, which is clearly beyond the recommended duration of use. The patient reports improvement in sleep from use of medication. However, there was no compelling indication concerning the need for variance from the guidelines. Therefore, the request for Ambien 10mg #30 is not medically necessary.