

Case Number:	CM14-0070498		
Date Assigned:	07/14/2014	Date of Injury:	06/23/2009
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 46 year old female who was injured on 06/23/2009. The mechanism of injury is unknown. Prior medication history included lisinopril, gabapentin, Tramadol, Lomotil, Nortriptyline, and amlodipine; Butrans patch, and topical analgesics. On QME dated 02/13/2014 it is noted that patient's sleep order is aggravated by chronic pain. She sustained injuries to her left shoulder, neck, upper extremities and knees. She has had psych consults in the past and have noted that her injuries are related to her emotional state as well. She was instructed to sleep with a CPAP. She has a diagnosis of sleep disorder and obstructive sleep apnea. There are no sleep studies available for review. On [REDACTED] 6/6/14 report, patient had increasing lumbar spine pain and pain attack that led to ER visit, ativan and percocet treatment. Diagnoses include C4-5 disc herniation with left c5 radiculitis, C4-5 ACDF 2/2013, left hip internal derangement, s/p left shoulder labral tear repair, bilateral carpal tunnel syndrome s/p release, left knee patellofemoral arthralgia, weight gain, hypertension with diastolic dysfunction, incontinence, diarrhea, pain disorder with psychological factors, L5-S1 degenerative disc disease, obstructive apnea on CPAP, bilateral sacroiliitis. Patient is on Ambien for sleep disturbance. On [REDACTED] 4/25/14 report, patient is also on Ambien for sleep disturbance. Prior utilization review dated 05/06/2014 by [REDACTED] states the request for Ambien 10mg 1 tablet po (by mouth) qHS (at hours of sleep) #30 is not certified as there is no documentation of insomnia, patient is also on nortriptyline for sleep disturbance. Ambien is considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tablet po (by mouth) qHS (at hours of sleep) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: As per ODG guidelines, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Sleeping medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. The medical record showed prescription as ongoing treatment for both 4/25/14 and 6/6/14, which exceeded the recommendation. Therefore, the medical necessity of Zolpidem has not been established according to the guidelines and therefore, this request is not medically necessary.