

Case Number:	CM14-0073295		
Date Assigned:	07/18/2014	Date of Injury:	10/11/1994
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal 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:

Patient is an injured worker with neck, back and left shoulder conditions. Date of injury was 10-11-1994. The patient is receiving treatment for low back pain, chronic neck pain, cervical facet pain, cervical radiculopathy, left shoulder pain, and cervicogenic headache. The patient is status post cervical spine surgery. The progress report dated 04/24/2014 documented subjective complaints of neck and shoulder pain. She presented for a refill of Opana ER. Objective findings demonstrated she is grossly protective of her right upper extremity. There was limited mobility noted in the cervical spine with left-sided bending and side rotation at about 40, which is associated with increased pain on the right. Dysesthesias was noted to light touch in the bilateral C5 dermatome. Medications were refilled and a Toradol injection was performed. The progress report dated 03/13/2014 documented prescriptions for Lunesta and Zolpidem (Ambien). The progress report dated 12/13/2013 and 02/24/2014 documented a prescription of Zolpidem (Ambien). Utilization review determination date was 05-06-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY 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 (Chronic), Zolpidem (Ambien).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address Ambien. Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records documented the long-term use of Ambien. ODG guidelines state that Ambien should be used for only a short period of time. Long-term use of Ambien is not recommended. Therefore, the request for Ambien CR 12.5mg is not medically necessary.