

Case Number:	CM14-0076302		
Date Assigned:	07/18/2014	Date of Injury:	07/25/2003
Decision Date:	09/11/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 years old female who was injured on 7/25/2003 as her travel bag fell from the overhead compartment hitting her. She was diagnosed with chronic pain, nerve root and plexus disorder, brachial plexus lesion, lumbosacral plexus lesion, cervical root lesion, thoracic root lesion, carpal tunnel syndrome, lesion of ulnar nerve, cervical disc degeneration, adhesive capsulitis of the shoulder, and cervicgia. She was treated with physical therapy, injections, NSAIDs, sleep aids, anti-depressants, muscle relaxants, anti-epileptic medication, opioids, and surgery (left shoulder). The worker was seen by her pain management physician on 4/23/2014 for a recheck and a medication review. She was then suggested to continue her then current medications which included Ambien, Lyrica, Ultram ER, Protonix, Cyclobenzaprine, and Celebrex. She had been using Ambien for years leading up to this check-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG TABLETS #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), Pain section, Ambien, and Insomnia treatment section.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, she had been using Ambien chronically for many years. Also, there was no documented report made by the treating physician close to the request date that discussed the functional benefit of her taking Ambien. Therefore, due to lack of documentation of Ambien's benefits and it generally not being recommended for long-term use, Ambien is not medically necessary. Other methods or agents are available with less side effects.