

Case Number:	CM14-0076590		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2002
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
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 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 injured worker is a 53-year-old male who reported an injury on 05/09/2002. The mechanism of injury was not provided for clinical review. The diagnoses included cervicgia, cervicocranial syndrome, spasms of muscles, and postlaminectomy syndrome. The previous treatments included physical therapy and medication. Diagnostic testing included an MRI. Within the clinical note dated 03/11/2014, it was reported the injured worker complained of pain in the right arm with numbness. He complained of bilateral shoulder pain and low back pain. The injured worker rated his pain 8/10 to 10/10 in severity. He complained of poor sleep quality due to neck pain. Upon the physical examination, the provider noted the injured worker had ongoing low back pain that increased with both sitting and standing. The injured worker had radicular pain and axial pain. The provider noted the injured worker had limited active range of motion. The injured worker had paraspinal tenderness in the lumbar, thoracic, and cervical spine. The provider requested Ambien CR12.5mg. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg one po (by mouth) qhs (every night at bedtime) #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Pain, Zolpidem. The Expert Reviewer's decision rationale: The request for Ambien CR 12.5 mg 1 by mouth every night at bedtime #30 is not medically necessary. The Official Disability Guidelines note "zolpidem is a prescription short acting non-benzodiazepine hypnotic which was approved for short term, usually 2 to 6 weeks, treatment of insomnia." There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker was treated for or diagnosed with insomnia. The injured worker has been utilizing the medication since at least 03/2014 which exceeds the Guidelines recommendation of short term use of 2 to 6 weeks. Therefore, the request is not medically necessary.