

Case Number:	CM14-0081138		
Date Assigned:	07/18/2014	Date of Injury:	07/15/2011
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Nevada. 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 records, presented for review, indicate that this 42 year old female was reportedly injured on 7/15/2011. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 4/23/2014, indicated that there were ongoing complaints of neck and right upper extremity pains. The physical examination demonstrated cervical spine positive tenderness to palpation midline of the cervical spine from C6 to C7 as well as the right paraspinals, trapezius, and rhomboids muscles. Right shoulder had positive tenderness to palpation over the anterior, lateral, superior, and posterior aspect. There was also positive pain in the anterior proximal biceps. Hawkins test and Neers testing were positive. Right wrist/hand had positive tenderness to palpation over the dorsal aspect of the wrist and distal forearm, as well as the volar aspect in the right thenar eminence. There were also numbness and tingling of the hand and fingers. No recent diagnostic studies were available for review. Previous treatment included medications, physical therapy and conservative treatment. A request was made for Ambien 5 milligrams quantity thirty and was not certified in the preauthorization process on 4/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: As noted in Official Disability Guidelines, Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. Therefore, this request is not medically necessary.