

Case Number:	CM14-0082233		
Date Assigned:	09/18/2014	Date of Injury:	03/11/2011
Decision Date:	10/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 49 year old male who was injured on 3/11/2011. He was diagnosed with cervical disc degeneration, lumbar radiculitis, and chronic pain syndrome. He was treated with surgery (cervical, lumbar), medications, steroid injections, and physical therapy. He was no able to return to work. He was seen on 3/5/14 by his treating physician complaining of some tingling and numbness in the morning when he gets up and a headache twice a day, but otherwise stable bilateral arm/hand and back pain rated at 6-10 on the pain scale, with his then current treatment plan which included medications (Ambien, Baclofen, Celebrex, Flexeril, Imitrex, Kadian, Morphine, MS Contin, Norco, Omeprazole, and Viagra). Physical examination revealed normal findings except for tender cervical paraspinal muscles. He was then recommended to continue the same medications, including Ambien, and add on Marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Ambien 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Chronic), Mental chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics, AND 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 leading up to this request for renewal. This medication is not intended nor recommended to be used in such a way. Therefore, Ambien is not medically necessary and appropriate.