

Case Number:	CM14-0087399		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2011
Decision Date:	08/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 56 year-old male who reported a slip and fall on 09/28/2011. On 04/07/2014, his diagnoses included dizziness, headache, cervical disc protrusion, cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar pain, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder muscle spasm, right foot pain, sprain/strain, status post right foot surgery, disruptions of 24 hour sleep/wake cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability, and nervousness. On 09/19/2013, his medications included Ambien 10mg, Ibuprofen 800mg, Prilosec 20mg, and Tramadol 150mg. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity #20: 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), Pain, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: Per the ODG, Ambien is a short acting non-benzodiazepine hypnotic medication, which is approved for short term treatment of insomnia, usually 2-6 weeks. It can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. Based on the documentation submitted, this worker has been taking Ambien for almost one (1) year. This exceeds the recommendations in the guidelines. Additionally, the request did not include frequency of administration. Therefore, this request for Ambien 10mg quantity #20 is not medically necessary.