

Case Number:	CM14-0093916		
Date Assigned:	07/25/2014	Date of Injury:	08/15/2003
Decision Date:	09/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 44-year-old female was reportedly injured on August 15, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 12th 2014, indicates that there are ongoing complaints of neck pain and lower extremity pain. Current medications include Lyrica, morphine, naproxen, pantoprazole, Ambien, baclofen, Celexa, Wellbutrin, Effexor, lorazepam, and ibuprofen. The physical examination demonstrated slight muscular weakness with right arm abduction and right leg flexion. There was also decreased sensation at the small fingers and the ulnar aspect of the forearms bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Ambien and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg: 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), Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. A review of the attached medical record indicates that the injured employee has been prescribed Ambien for successive months. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request for Ambien is not medically necessary.