

Case Number:	CM14-0115194		
Date Assigned:	08/04/2014	Date of Injury:	08/20/2002
Decision Date:	03/19/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 8/20/2002. On 7/21/14, the injured worker submitted an application for IMR for review of Ambien CR 12.5mg, #180. The treating provider has reported injured worker complains of neck radiating to the right upper arm, trapezius and right hand; the right shoulder pain has increased when doing household chores, insomnia due to continued neck and right shoulder pain. The diagnoses have included right shoulder strain with impingement, status post shoulder surgery 9/19/2003, secondary right trapezius and right cervical strain with abnormal MRI C4-5 and C5-6 disc bulge; repeat MRI (12/9/07 spontaneous moderate spinal stenosis C4-5 and C5-6 with marked encroachment, insomnia. On 6/25/14, Utilization Review non-certified Ambien CR 12.5mg, #180 noting the Official Disability Guideline (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg, #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental/stress chapter, Insomnia treatment

Decision rationale: The patient presents with neck pain, right shoulder pain and insomnia. The request is for AMBIEN CR 12.5MG #180. Regarding work status, the treater simply states that the patient cannot return to her former job. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: "Zolpidem --Ambien --generic available--, Ambien CR-- is indicated for the short-term treatment of insomnia with difficulty of sleep onset --7-10 days--. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has been suffering from insomnia for which this medication may be indicated. However, there is no indication that this medication is to be used for a short-term. The review of the reports shows that the patient has been utilizing Ambien since at least 03/12/13. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request is not medically necessary.