MAXIMUS Federal Services

Case Number:	CM14-0187498		
Date Assigned:	11/17/2014	Date of Injury:	01/02/2014
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine 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 (IW) is a 42-year-old man with a date of injury of January 2, 2014. The mechanism of injury was a fall. The IW is status-post Open Reduction Internal Fixation (ORIF) of the right ankle on January 3, 2014. He completed 12 physical therapy visits. Current medications include Norco 10/325mg, Naproxen 500mg, Flexeril 7.5mg, Ambien 10mg, and Prilosec 20mg. Pursuant to a progress note dated October 8, 2014, the IW complains of cervical spine, lumbar spine bilateral shoulder and left hop pain. On examination, there is tenderness noted on the cervicolumbar paravertebral and bilateral joint lines. He continues to have left hip tenderness and antalgic gait. On examination, sensation is decreased globally in the right lower extremity. Cervical range of motion (ROM) is decreased and painful with +3 tenderness to palpation (TTP) of the cervical paravertebral muscles with muscle spasm of the cervical paravertebral muscles. Cervical compression causes pain as well as shoulder depression causes pain bilaterally. Right shoulder ROM is decreased and painful. Left hip ROM is decreased and painful. The IW has been diagnosed with cervical musculoligamentous injury; cervical myofasciitis; rule out cervical disc protrusion; rule out cervical radiculitis versus radiculopathy; lumbosacral strain/sprain; lumbar muscle spasm; rule out lumbar disc protrusion; rule out lumbar radiculitis versus radiculopathy; left shoulder sprain/strain; left shoulder impingement syndrome; right shoulder sprain/strain; right shoulder impingement syndrome; left hip strain/sprain; status post surgery, right ankle; and psych component. There was no documentation regarding insomnia in the medical record. The provider is requesting an authorization for medication refills including Ambien 10mg. with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: 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), Treatment Index, 11th Edition (web),2014 Pain , 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); Pain Section, Zolpidem (Ambien)

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual chronic pain and often hard to obtain. Ambien CR is approved for chronic use, the chronic use of hypnotics is generally discouraged. In this case, the injured worker is being treated for cervical myofasciitis; cervical musculoligamentous injury; lumbosacral sprain/strain; lumbar muscle spasm; rule out lumbar disc protrusion; rule out lumbar radiculitis versus radiculopathy; left shoulder sprain/strain; left shoulder impingement syndrome; right shoulder sprain/strain; right shoulder impingement syndrome and left hip sprain/strain. The injured worker's medication list includes Norco 10/325 mg, flexible 7.5 mg, naproxen 550 mg, Ambien 10 mg and Prilosec 20 mg. There is no documentation, however, in the medical record indicating the injured worker is having difficulty with sleep or insomnia. Absent the appropriate clinical indication, Ambien is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Ambien 10 mg is not medically necessary.