

Case Number:	CM14-0193130		
Date Assigned:	11/26/2014	Date of Injury:	10/22/2009
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, arm, wrist, and elbow pain reportedly associated with an industrial injury of October 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier wrist surgery; earlier shoulder surgery; topical compounds; sleep aids; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 30, 2014, the claims administrator partially approved a request for Ambien 10 mg #30 as Ambien 10 mg #15 for weaning purposes over the next one to two months. The applicant and/or applicant's attorney subsequently appealed. In the IMR application dated November 14, 2014, the applicant and/or applicant's attorney specifically wrote that they were seeking authorization for "Ambien 10 mg #15 for weaning" purposes over the next one to two months. In a progress note dated June 16, 2014, the applicant reported multifocal complaints of wrist, elbow, shoulder, neck, and low back pain. The applicant was given a topical compounded medication. The applicant was also using Naprosyn, Prilosec, Tramadol, Norco, and Ambien, it was acknowledged. The applicant was using hydrochlorothiazide, Prozac, Lotensin, Flexeril, Neurontin, and Flomax through his personal physician. On May 15, 2014, the applicant was again described as using several topical compounded medications, Naprosyn, Prilosec, Tramadol, Norco, and Ambien. The applicant stated that his pain complaints were interfering with his ability to work, sleep, interact with family members, and socialize. The applicant's issues were also generating sleep disturbance, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 for weaning to off over next two months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute and Official Disability Guidelines (ODG) Pain Chapter (updated 10/6/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: The MTUS does not address the topic of Ambien and/or Ambien Weaning or Ambien Discontinuation. However, the Food and Drug Administration (FDA) notes that symptoms of withdrawal may occur with rapid reduction in dosage and/or abrupt discontinuation of Ambien. The applicant has, by all accounts, seemingly been using Ambien for a minimum of several months. Slowly tapering Ambien may represent the most appropriate means of discontinuing the same. Therefore, the request for Ambien 10 mg #30 for weaning or tapering purposes is medically necessary.