

Case Number:	CM14-0196647		
Date Assigned:	12/04/2014	Date of Injury:	12/03/1996
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 50 year old female with an injury date on 12/3/96. The patient complains of ongoing diffuse pain about her neck, shoulder girdle area, her lower back, with frequent headaches and severe withdrawal symptoms of nausea/vomiting/muscle pain a few days ago per 10/28/14 report. The patient rates her pain at 9/10, and reports a 50% reduction in pain and 50% increase in ADLs with her medications per 10/28/14 report. The patient is currently taking Methadone, Norco, Ambien, Neurontin, and Zanaflex, and states she did better when on a higher dose of narcotics per 9/4/14 report. Based on the 10/28/14 progress report provided by the treating physician, the diagnoses are: 1. History of repetitive use syndrome with chronic s/s injuries throughout the cervical, thoracic, and lumbar spine with ongoing myofascial pain syndrome with possible underlying fibromyalgia, fatigue, and depression 2. History of carpal tunnel syndrome bilaterally 3. History of cervical spondylosis and lumbar DJD per imaging studies 4. Nonindustrial medical problems, including hyperlipidemia, GERDA physical exam on 10/28/14 showed "limited range of motion of her L-spine. Limited range of motion of C-spine." The patient's treatment history includes medications, psychiatric AME. The treating physician is requesting Ambien 10mg #80. The utilization review determination being challenged is dated 11/10/14. The requesting physician provided treatment reports from 6/20/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

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

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

Decision rationale: This patient presents with neck pain, shoulder pain, lower back pain. The treater has asked for Ambien 10mg #30 on 10/28/14. Patient has been taking Ambien since 6/20/14 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). It is not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has a chronic pain condition. The patient has been taking Ambien for more than 4 months. As ODG only recommends short term use of 7-10 days, the requested Ambien 10mg #80 is not indicated. The request is not medically necessary.