

Case Number:	CM14-0198629		
Date Assigned:	12/08/2014	Date of Injury:	05/04/2010
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This is a 40-year-old female with a 5/4/10 date of injury. According to a progress report dated 7/28/14, the patient has had to increase OTC Tylenol due to increased pain. She had burned her hand, and it has affected her grip. Her lower back pain was severe, rated as an 8/10, and radiated into the right leg with numbness to both legs, but mainly the right one. She complained of right wrist pain with weakness, neck pain that radiated into the right shoulder, and bilateral knee pain. Objective findings: tender over posterior superior iliac spines, bilaterally. Diagnostic impression: musculoligamentous sprain of the lumbar spine with lower extremities radiculitis, herniated disc L3-4, disc bulge/protrusion L4-5, carpal tunnel syndrome of right wrist, de Quervain's tendinitis of bilateral wrists, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, tendinitis of bilateral shoulders, internal derangement of bilateral shoulders and bilateral knees, right L5 radiculopathy. Treatment to date: medication management, activity modification, and home exercise program. A UR decision dated 11/6/14 denied the request for Ambien. Official Disability Guidelines (ODG) does not support the use of Ambien on a long-term basis and there is no clear rationale presented for long-term use. The medical records also no not describe failure of behavioral interventions including following sleep hygiene techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg one HS # 30, 5 refills: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien; Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, the medical records reviewed indicate that this patient has been taking Ambien since at least 7/25/13, if not earlier. Guidelines do not support the long-term use of Ambien. There is no documentation that this patient has recent complaints of insomnia. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 5mg one HS # 30, 5 refills was not medically necessary.