

Case Number:	CM14-0200675		
Date Assigned:	12/11/2014	Date of Injury:	12/12/2002
Decision Date:	02/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

66y/o female injured worker with date of injury 12/12/02 with related neck, and left shoulder pain. Per progress report dated 11/4/14, the injured worker reported that her pain was more tolerable with her medications. It was noted that she had a history of fusion from C5-C7. Per physical exam, there was restricted mobility in all directions except right rotation. There was spasm present. There was tenderness to palpation of the left cervical paraspinal muscles and periscapular muscles. Muscle strength, sensation, and reflexes were within normal limits. Treatment to date has included physical therapy, epidural steroid injection, surgery, and medication management. The date of UR decision was 11/12/14.

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 cite any medical evidence for its decision.

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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." It is noted that without Ambien, the injured worker takes over an hour to fall asleep and wakes within 2-3 hours. She is often able to sleep for 6 hours and feels much more rested when she wakes up. However, the documentation notes that the injured worker has been using this medication long term. As it is only recommended for short-term treatment, the request is not medically necessary.