MAXIMUS Federal Services

Case Number:	CM14-0200828		
Date Assigned:	12/11/2014	Date of Injury:	02/16/2012
Decision Date:	02/25/2015	UR Denial Date:	11/15/2014
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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 02/16/2012. The date of the utilization review under appeal is 11/15/2014. This patient's diagnoses include chronic right C6 radiculopathy, lumbar stenosis, bilateral shoulder pain, bilateral cervical facet pain, migraine headaches, and decreased sleep secondary to chronic pain.On 11/03/2014, the patient was seen in primary treating physician followup. The patient was seen regarding ongoing pain, multifactorial in etiology. Medications included Ambien, Imitrex, Neurontin, Nucynta, Arthrotek, and Lyrica. A general review of systems was unremarkable. The treating physician continued the patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. 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, Insomnia Treatment.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss Ambien. Official Disability Guidelines/Treatment in Workers Compensation/Pain discusses insomnia treatment. This guideline does not support long-term pharmacological treatment of insomnia without very specific documentation as to the etiology of sleep difficulty and non-pharmacological alternatives tried. Additionally, Ambien is noted to be indicated for use up to 10 days but not on a chronic basis. For these multiple reasons, this request is not supported by the treatment guidelines. Overall, the request is not medically necessary.