

Case Number:	CM14-0201559		
Date Assigned:	12/30/2014	Date of Injury:	09/09/1992
Decision Date:	02/11/2015	UR Denial Date:	11/04/2014
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. The expert reviewer is Board Certified in Internal 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 patient is an injured worker with chronic neck pain status post cervical spine surgery. The date of injury was September 9, 1992. The patient has history of chronic neck and upper back pain with radiation into the upper and lower extremities, tenderness to palpation of the C7-C8 and thoracic paraspinals, reduced cervical range of motion, cervicalgia, post-laminectomy syndrome, and degeneration of cervical intervertebral disc. The progress report dated March 5, 2014 documented the medications Ambien CR as needed for insomnia, Seroquel, Nucynta, Soma, Neurontin, Fexmid, Atenolol, Lovastatin, Hydrochlorothiazide. The primary treating physician's progress report dated October 15, 2014 documented the patient's complaints of moderate severe chronic pain in her neck and upper back, radiating pain in her upper and lower extremities. She has a long standing history of failed neck syndrome and has been managed with medication management for years. She indicates that her pain is aggravated when sitting, without restorative sleep and activities. Since the last visit, the patient reports an increase in neck and mid back pain, and no change in distribution, which she attributes to the weather change. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of activities and home exercises. No side effects are associated with these. The medications were Ambien CR as needed for insomnia, Seroquel, Nucynta, Soma, Neurontin, Fexmid, Atenolol, Lovastatin, Hydrochlorothiazide. Past medical history hypertension, appendectomy, neck fusion surgery 1993 and 1994. Physical examination was documented. The patient was well nourished, well hydrated, in no acute distress. Gait is normal. Posture is normal. Cervical spine demonstrated tenderness, spasm, and decreased range of motion. Treatment plan included a request for Ambien CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg: 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: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien CR 12.5 mg is not medically necessary.