

Case Number:	CM14-0206073		
Date Assigned:	12/18/2014	Date of Injury:	07/17/2008
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old woman who sustained a work-related injury on July 17, 2008. Subsequently, she developed chronic right shoulder and neck pain. The patient received diagnostic cervical medical block at C3-4 and C4-5 on the right hand side on June 2, 2014, which provided 90% relief of usual and chronic neck pain for one day following the injection. The patient received right cervical radiofrequency ablation on September 15, 2014. According to a progress report dated November 17, 2014, the patient noted her cervical spine pain has improved following the radiofrequency ablation as well as 4 sessions of physical therapy. She was going to continue home stretching exercise program. She did note some persistent numbness and she was noting right shoulder pain that was worse with activity. Objective findings included: pain with passive range of motion of the right shoulder; tenderness over the AC and over the anterior joint space as well as the suprascapular notch. The UDS collected on July 21, 2014 documented negative for opiate. The patient was diagnosed with right shoulder degenerative joint disease and cervical spondylosis. The provider requested authorization for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, 1 tab daily as needed, #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 11/21/14), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to ODG guidelines, <Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency>. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg, 1 tab daily as needed, #8 is not medically necessary.