

Case Number:	CM15-0007575		
Date Assigned:	01/22/2015	Date of Injury:	01/25/2010
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56-year-old female, who sustained an industrial injury on 1/25/2010. On 1/13/15, the injured worker submitted an application for IMR for review of Ambien 5mg, #30, no refills, and Urine Drug Screen at next office visit. The treating physician has reported per PR-2 notes dated 12/16/14, the injured worker complains of neck pain with radiation down bilateral arms increased on the right with associated headaches. Also complains of continued pain at mid and low back and tailbone and right hip pain aggravated with prolonged standing. The diagnoses have included strain/sprain/contusion cervical spine, strain/sprain/bilateral shoulders, prior history of adhesive capsulitis left shoulder, strain/sprain/contusion thoracic and lumbar spine, contusion of coccyx, contusion of right knee. Treatment to date has included CT scan Lumbar spine (1/2010) and Chiropractic treatment, physical therapy and medications for pain. In this case, the claimant had a prior urine drug test in October 2014 that was consistent with medications given. The claimant had only rarely used Ambien for Insomnia (2/month). On 1/5/15 Utilization Review non-certified Ambien 5mg, #30, no refills, and Urine Drug Screen at next office visit per the MTUS, ACOEM and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #30, no 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, Pain, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Insomnia Medications

Decision rationale: Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem is not medically necessary. In this case, the claimant had been on Ambein for over 6 months. The sleep disturbance was not specified and failure of other behavioral modifications and interventions were not noted. The continued and long-term use of Ambien is not medically necessary.

Urine Drug Screen at next office visit: 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, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Urine Toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Prior screening was consistent with medications taken. Based on the above references and clinical history a urine toxicology screen is not medically necessary.