

Case Number:	CM15-0100073		
Date Assigned:	06/02/2015	Date of Injury:	05/19/2014
Decision Date:	11/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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 59 year old female, who sustained an industrial injury on 5-19-14. The injured worker has complaints of pain in her neck, upper back, bilateral shoulders and right hand. The pain is associated with numbness and tingling in the right hand as well as weakness in the right arm and right hand. The injured worker rates pain level a 4 at its best and 8 at its worst on a scale of 0 to 10. The injured worker reports that her pain is relieved with taking medication. Cervical spine examination revealed tenderness to palpation over the right posterolateral and proximal superior trapezius muscles. Cervical spine range of motion reveals flexion at 35 out of 50 degrees, extension at 20 out of 60 degrees, right rotation at 55 out of 80 degrees, left rotation at 55 out of 80 degrees; right lateral bend at 35 out of 45 degrees and left lateral bend at 35 out of 45 degrees. Bilateral shoulder examination reveals tenderness to palpation over right acromioclavicular joint, coracoid process and lateral subacromial and deltoid area. Magnetic resonance imaging (MRI) of the cervical spine on 3-27-15 revealed C2-7, C7-T3 disc desiccation. Cervical spine X-ray on 3-27-15 revealed straightening of the usual cervical lordosis, finding that may be seen in the setting of muscular spasm; multilevel disc space narrowing; no central canal stenosis suggested and no movement in flexion and extension. The diagnoses have included cervical facet syndrome; cervical pain and shoulder pain. Treatment to date has included chiropractic treatment twice a week for three months which provided her with mild to moderate pain relief. The injured workers current medication on 3-27-15 listed at Lisinopril; metformin; Naprosyn; Neurontin and simvastatin. The original utilization review (5-6-15) non-certified the request for Ambien 5mg, take one at bedtime as needed quantity 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, take one at bedtime as needed QTY: 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used Nortriptyline in the past for sleep. The etiology of sleep disturbance was not defined or further evaluated. Behavioral interventions were not noted. The use of Zolpidem (Ambien) is not medically necessary.