

Case Number:	CM15-0105978		
Date Assigned:	06/10/2015	Date of Injury:	08/16/2001
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female with an August 16, 2001 date of injury. A progress note dated May 13, 2015 documents subjective findings ongoing (neck, bilateral shoulder, and left upper extremity pain), objective findings (no significant change; a progress note dated March 12, 2015 documented objective findings as follows: very limited range of motion of the left shoulder; tenderness to palpation over all areas of the left shoulder; tenderness to palpation over the cervical paraspinal muscles bilaterally; very painful and limited range of motion of the cervical spine), and current diagnoses (neck pain deemed industrial; upper extremity pain; chest and rib pain; left shoulder pain). Treatments to date have included medications; imaging studies, physical therapy, and a transcutaneous electrical nerve stimulator unit. The medical record indicates that the injured worker's pain was not as well controlled when the dosage of Norco was decreased. The treating physician documented a plan of care that included Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Qty 30: 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 chapter - 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001 and continues to be treated for chronic pain involving multiple body areas. When seen, pain was rated at 8/10. She was having increased pain after coverage for Norco had been denied. Physical examination findings are reported as unchanged with a previous evaluation referencing limited left shoulder and cervical spine range of motion with tenderness. Ambien has been prescribed on a long-term basis. Ambien (zolpidem) is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Therefore the requested Ambien was not medically necessary.