

Case Number:	CM15-0107065		
Date Assigned:	06/11/2015	Date of Injury:	03/21/2002
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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:

This 59 year old female sustained an industrial injury to the neck and psyche during an armed robbery on 3/21/02. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, chiropractic therapy, acupuncture, psychiatric care and medications. In a psychiatric progress note dated 5/5/15, the injured worker reported that she had three recent blackouts due to neck pain. The injured worker reported that she was in pain all the time. The injured worker was very tearful. The injured worker reported that insurance denials of medications caused her major distress and that she ended up blacking out. The injured worker reported that she was still going to physical therapy and chiropractic therapy. The physician noted that the injured worker was alert, oriented, cooperative, and tearful with stable but labile affect due to pain. Current diagnoses included major depression disorder, anxiety disorder and insomnia. The treatment plan included continuing medications (Cymbalta, Abilify, Niravam, Ambien and Trazadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter, insomnia, and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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. 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 insomnia was due to pain rather than a primary sleep disturbance. The request for Ambien is therefore not medically necessary.