

Case Number:	CM15-0107491		
Date Assigned:	06/12/2015	Date of Injury:	11/23/2007
Decision Date:	07/28/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina
 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 38 year old female with an industrial injury dated 11/23/2007. Her diagnoses included status post closed head trauma with persistent reports of headache, tinnitus and vertigo, left thoracic outlet syndrome, left scalenectomy in August 2014, right post-traumatic thoracic outlet syndrome, hypertension, status post left ankle arthroscopy and lumbar 4-5 and lumbar 5-sacral 1 discopathy. Prior treatment included left scalenectomy, medications, diagnostics and physical therapy. The progress note dated 04/13/2015 notes the injured worker had recently completed electro diagnostic studies with findings consistent with right brachial plexopathy. The provider documents the injured worker had developed right thoracic outlet syndrome. Physical findings noted moderate to severe right scalene tenderness and right pectorals minor tenderness with positive right brachial plexus tincl, positive right costoclavicular abduction and Roos test on the right with upper extremity weakness. Her mood was depressed. The provider documents she had been evaluated by a neurosurgeon and was a candidate for right scalenectomy. Treatment plan included medications to include Tramadol, Ambien and Azor. The treatment request is for Ambien tablet 10 mg quantity 30 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tablet 10mg qty 30 for 30 days: 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 (ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.