

Case Number:	CM15-0131183		
Date Assigned:	07/17/2015	Date of Injury:	07/04/2014
Decision Date:	09/29/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 47 year old female, who sustained an industrial injury on July 4, 2014. She reported being assaulted by a patient. The injured worker was diagnosed as having post-traumatic stress disorder, major depressive disorder, rule out cognitive disorder, cervicgia, cervical radiculopathy, cervical facet dysfunction, lumbago, lumbar facet dysfunction, sacroiliac joint dysfunction, anxiety, depression, myalgias, headaches, shoulder pain with impingement, frozen shoulder, insomnia, gastritis, and post-concussion syndrome. Treatments and evaluations to date have included physical therapy, x-rays, MRI, TENS, lumbar epidural steroid injection (ESI), home exercise program (HEP), and medication. Currently, the injured worker complains of neck and low back pain. The Treating Physician's report dated June 10, 2015, noted the injured worker reported her pain was worse in her neck and low back with increased headaches and nausea, noting her medication did help, rating her current pain as 8/10 with medications and 10/10 without medications. The injured worker reported not sleeping well. The physical examination was noted to show positive straight leg raise, Patrick's, facet loading, and Spurling's tests. Sensation was decreased to light touch in the bilateral hands and the left ankle, with weakness noted in the bilateral grip and triceps. Tenderness to palpation was noted over the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal musculature, and sacroiliac joint region. The right shoulder was noted to be positive for cross body and Hawkins tests with tenderness to palpation noted over the right bicipital tendon. The treatment plan was noted to include requests for authorization for the medications including Norco, Pamelor, Ambien, Ibuprofen, and Gabapentin, and a urinalysis, with a re-request for authorization for a referral to a spine surgeon. The injured worker was noted as not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg Qty: 30.00: 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 (Chronic), 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) Pain (Chronic), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Per the medical records, the injured worker has been using this medication since at least 1/2015. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. Long term use is not supported. The request is not medically necessary.