

Case Number:	CM15-0137144		
Date Assigned:	07/27/2015	Date of Injury:	02/18/2005
Decision Date:	08/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 50 year old female, who sustained an industrial injury, February 18, 2005. The injury was sustained from cumulative trauma from March 4, 2004 to March 4, 2005. The injured worker previously received the following treatments Norco, MS Contin, Zanaflex, Cymbalta, Ambien, Colace, Vistaril and Topamax, cervical spine MRI, thoracic spine x-rays, lumbar spine x-rays and cervical spine CT scan. The injured worker was diagnosed with thoracic outlet syndrome status post release, status post anterior cervical discectomy and fusion of C4-C7 with residual cervical kyphosis, multilevel foraminal stenosis at C3-C4, C4-C5, C5-C6, C6-C7 and C7-T1, presumed facet syndrome and rule out incomplete fusion. According to progress note of April 17, 2015, the injured worker's chief complaint was neck pain with radiation in to the bilateral shoulders, lateral arms and arms. The pain alternated from the right and left upper extremity. The physical exam noted paraspinal tenderness at C3-C7 bilaterally. There was upper trapezial tenderness more so in the left than the right. The treatment plan included a prescription for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: 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) Pain/Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated Guidelines support the long term use of certain hypnotic medications for chronic insomnia related to chronic pain. However, Ambien is not one of medications recommended for long term use of greater than 7-10 days. There are several alternative medications that are Guideline supported for long term use. There are no unusual circumstances to justify an exception to Guidelines. The Ambien 10mg is not medically necessary.