

Case Number:	CM15-0140323		
Date Assigned:	07/30/2015	Date of Injury:	02/29/2012
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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 54 year old male, who sustained an industrial injury, February 29, 2012. The injured worker previously received the following treatments acupuncture, Ultracet, Lidoderm Patches, Ibuprofen, Ambien, cervical spine MRI and EMG (electrodiagnostic studies) of the right upper extremity were within normal limits. The injured worker was diagnosed with degenerative disk changes particularly at C5-C6 and C6-C7, there was a small disk protrusion noted at C4-C5, right sided foraminal stenosis at C5-C6, right sided foraminal stenosis at C6-C7. According to progress note of April 14, 2015, the injured worker's chief complaint was significant right side of the neck pain. The pain was aggravated by rotation and extension on the right side caused significant increase in the neck pain. The physical exam noted numbness and positive Tinel's sign over the ulnar groove of the medial side of the right elbow. The treatment plan included a prescription refill for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30/2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

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 Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg #30/2 refills is not medically necessary.