

Case Number:	CM15-0144023		
Date Assigned:	08/05/2015	Date of Injury:	07/27/2012
Decision Date:	09/25/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Illinois

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:

Disclaimer: Some of the medical records were handwritten and illegible. The injured worker is a 52 year old female, who sustained an industrial injury on 7-27-2012. The injured worker was diagnosed as having gastritis, insomnia, anxiety, headache, chronic intractable migraine, neck sprain and strain, suboccipital neuralgia with cervical spasm dystonia, acute cervical disc disease, non-restorative sleep secondary to anxiety and pain, history of visual obscurations rule out retinal floaters, psychological factors affecting the physical condition, and multiple orthopedic problems. Diagnostics and treatment to date have included medications, magnetic resonance imaging of the left shoulder (11-2-2012), magnetic resonance imaging of the low back (11-2-2012), magnetic resonance imaging of the bilateral knees (11-2-2012), magnetic resonance imaging of the cervical spine (11-2-2012), electrodiagnostic studies (12-26-2012). The request is for Ambien. Several pages of the medical records have handwritten information which is difficult to decipher. On 4-2-2015, she reported neck pain, left shoulder pain, and low back pain, with radiation into the right lower extremity, bilateral knee pain, stress, anxiety, depression, and sleep deprivation related to pain, headaches, and sexual dysfunction due to pain. The treatment plan included: pain management, and neurological evaluation. On 6-17-2015, she is noted to have last worked on July 27, 2012. She is noted to have continued migraines. She reported at times she will wake up in the middle of the night with a headache and her medications are not effective. The physician noted she does not take medications on a regular basis that are listed on a separate page. There is a handwritten list of medications of: Omeprazole, Sumatriptan, Ziazepan, Naproxen, Carisoprodol, Tramadol cream, Hydrocodone, Flurbiprofen cream,

Zolpidem, Gabapentin, Sentra PM, Sentra AM, Gabadone PM, Fluoxetine. Physical findings revealed cervical spine spasms. The treatment plan included: Topamax and botox therapy. On 7-8-2015, she reported having headache with photophobia, nausea, and audiophobia. On 7-14-2015, she was last seen one week early after reporting a migraine that lasted 8 days. She began taking Topamax. She reported the intense headache to move from her neck and radiate to the right side to her eye area. She uses a combination of Sumatriptan and Vicodin. The treatment plan included: continuation of Topamax, and Botox chemodenervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg (dosage unspecified) by mouth at bedtime, qty 30 refill not specified as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Title 8, Effective July 18, 2009.

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 injured worker was diagnosed as having gastritis, insomnia, anxiety, headache, chronic intractable migraine, neck sprain and strain, suboccipital neuralgia with cervical spasm dystonia, acute cervical disc disease, non-restorative sleep secondary to anxiety and pain, history of visual obscurations rule out retinal floaters, psychological factors affecting the physical condition, and multiple orthopedic problems. Treatments have included medications. The medical records do not indicate a medical necessity for Ambien 10 mg (dosage unspecified) by mouth at bedtime, qty 30 refill not specified as outpatient. The MTUS is silent on this medication, but the Official Disability Guidelines states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The requested amount exceeds the maximum recommended and therefore, is not medically necessary.