

Case Number:	CM15-0148528		
Date Assigned:	08/11/2015	Date of Injury:	04/12/2006
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 59 year old female, who sustained an industrial injury on 4-12-06. She has reported initial complaints of neck and back injuries after a fall at work. The diagnoses have included cervical radiculopathy, chronic pain disorder, lumbar radiculopathy and myofascial pain syndrome. Treatment to date has included medications, activity modifications, diagnostics, and other modalities. Currently, as per the physician progress note dated 6-30-15, the injured worker complains of neck pain that is constant and radiates down the bilateral upper extremities and to the shoulders. There is also upper extremity pain in the bilateral shoulders. The pain is rated 7.5 out of 10 on the pain scale with medications and 8 out of 10 without medications. The injured worker reports that the pain has worsened since the last visit. The diagnostic testing that was performed included x-ray of the cervical spine and right shoulder. The current medications included Gabapentin, Ibuprofen, Tramadol and Ambien. The physical exam reveals cervical spasm, tenderness to palpation, myofascial trigger points, limited cervical range of motion due to pain, decreased sensation in the bilateral upper extremities, decreased strength bilaterally and positive Spurling's test bilaterally. The lumbar exam reveals spasm, tenderness to palpation, myofascial trigger points, and decreased lumbar range of motion due to pain. There is decreased sensation in the bilateral lower extremities, and straight leg raise is positive bilaterally. The physician requested treatment included Ambien 5mg #15 with 2 refills for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15 with 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 (ODG), Treatment Index, 13th Edition (web) 2015, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 5mg #15 with 2 refills is not medically necessary.