

Case Number:	CM15-0168990		
Date Assigned:	09/09/2015	Date of Injury:	10/06/2010
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury October 6, 2010. While performing an arrest and control technique, he was twisted and thrown onto a mat. He had injury to his neck, upper back and left shoulder down to his hand. He underwent x-rays, MRI and received physical therapy, chiropractic treatments, acupuncture, and medication. Past history included cervical fusion C5-6 and C6-7 October 31, 2013. Diagnoses are cervical radiculopathy; status post cervical fusion; diabetes mellitus, stable; chronic pain, other. According to a pain management re-evaluation performed July 7, 2015, the injured worker presented with neck pain with tingling in the left upper extremity to the level of the hand and constant numbness in the left upper extremity to the level of the fingers, and frequent muscle spasms in the neck area. The pain is rated 1 out of 10 since the last visit and 4 out of 10 without medication. The pain is reported as unchanged since the last visit. He reports 70% improvement due to medication therapy including; brushing teeth, climbing stairs, combing and washing hair, dressing, driving, shopping, sitting, sleeping and standing. Cervical examination noted spasm bilaterally in the paraspinal muscles, tenderness on palpation bilateral C5-C7 area, range of motion slightly limited due to pain, decreased strength on the left, grip strength decreased bilaterally. Current medication included Norco, Tramadol, and Zolpidem (a physician's notation dated 3-17-2015, finds the injured worker prescribed Ambien). At issue, is a request for authorization dated August 6, 2015, for Ambien 5mg #60. During a pain medicine re-evaluation, dated March 17, 2015, the physician noted; The Insomnia Severity Index was administered February 14, 2014, as a screening tool to quantify insomnia severity. The injured workers total score is noted as 14. Based on this score, the injured worker has a (8-14) sub-threshold insomnia. According to utilization review performed August 14, 2015, Norco 10-325mg Qty: 180 and pain management

follow-up were authorized, Ambien 5mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #60: 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-TWC), 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 Chapter, under Zolpidem (Ambien).

Decision rationale: The patient presents on 07/07/15 with neck pain which radiates into the left upper extremity, left shoulder pain, and left clavicle pain. The patient's date of injury is 10/06/10. Patient is status post cervical fusion from C5-C7 levels on 10/31/13. The request is for AMBIEN 5MG #60. The RFA is dated 08/06/15. Physical examination dated 07/07/15 reveals tenderness to palpation of the bilateral cervical paraspinal areas from C5-7 with spasms noted, decreased strength in the right upper extremity, and decreased grip strength bilaterally. The patient is currently prescribed Norco, Tramadol, and Ambien. Patient is currently working with modified duties. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days 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. In regard to the continuation of Ambien for this patient's insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 03/17/15. While this patient presents with significant chronic pain and associated insomnia secondary to pain, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 60 tablets in addition to prior use does not imply the intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.