

Case Number:	CM15-0169088		
Date Assigned:	09/09/2015	Date of Injury:	09/23/2013
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old male who sustained an industrial injury on 9-23-13. A review of the medical records indicates that he is currently undergoing treatment for impingement syndrome of the left and right shoulders, lumbar sprain, failed back surgery syndrome, lumbar radiculopathy, lumbago, cervicgia, bilateral shoulder pain, Piriformis syndrome, and sacroiliac joint arthropathy. Medical records (5-13-15 to 8-5-13) indicate ongoing complaints of pain in the right shoulder, neck, and lower back, which radiates to both lower extremities. The treating provider indicated that the injured worker "appears agitated and to be in a lot of pain" on the 8-5-15 progress note. His ability to participate in activities of daily living is not available for review. He was noted not to be working. The physical exam indicates tenderness in bilateral trapezius muscles with spasms, tenderness in the thoracic and lumbar spines, and decreased sensation of the lumbar spine on the right side. He was noted to have decreased range of motion of both shoulders, noting extension was "painful". He was also noted to have "50%" lumbar range of motion (5-13-15 to 8-5-15). His treatment has included a home exercise program, oral medications of Norco, Flexeril, and Naproxen, trigger point injections to the left trapezius and right lumbar areas, and a transforaminal epidural steroid injection of the lumbar spine, as well as work restrictions. He underwent right shoulder surgery in November 2014. The request for authorization, dated 8-7-15, includes Ambien 5mg at bedtime, #30 with two refills, Soma 350mg twice daily, #60 with two refills, and Naproxen 500mg twice daily, #60 with two refills. The utilization review (8-21-15) indicates that Ambien was denied due to lack of available medical documents indicating complaints or a recent diagnosis of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ambien 5mg #30 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, Pain (Chronic) Zolpidem (Ambien) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.