

Case Number:	CM15-0169217		
Date Assigned:	09/09/2015	Date of Injury:	11/19/2004
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
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 52 year old female who sustained an industrial injury on 11-19-04. A review of the medical records indicates that she is undergoing treatment for abdominal pain, shoulder pain, cervical spine strain, and cervicgia. Medical records (3-17-15 to 8-5-15) indicate that the injured worker has had ongoing complaints of neck pain with radiation to bilateral upper extremities and shoulders with muscle spasms, as well as lower back pain with radiation to bilateral lower extremities. The records indicate worsening pain, rating from "4 out of 10" (3-17-15) to "7 out of 10" (5-22-15, 8-5-15). The physical exam has consistently revealed decreased range of motion in the neck and lower and mid-back. She was noted to be able to do household chores, run errands, and participate in gardening activities on the 3-17-15 progress record. Further abilities to participate in activities of daily living are unavailable for review. Her treatment has included oral and transdermal medications, a TENS unit, acupuncture, and self-motivation and distraction techniques. Ambien was, originally, ordered in 2007 by her primary treating provider for insomnia. This was noted to be funded by private insurance on the 3-17-15 progress record. The treating provider indicated that she "previously stated ability to fall asleep, stay asleep, and awaken well rested with Ambien 6.5mg CR" and that Ambien 12.5mg CR caused her to be "over sedated". The report also states that she has had "good benefit with use of Ambien 10mg at bedtime" (8-5-15). The physical exam on 8-5-15 indicates that she was noted to have excessive fatigue, drowsiness, difficulty walking, and difficulty falling asleep and maintaining sleep. The report also indicated that her private insurance will no longer pay for her Ambien and that she is "requesting this for her insomnia". An authorization request for Ambien

is not available for review. The utilization review shows a modification of the request for Ambien to provide one prescription of Ambien 10mg, #30, with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with two 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) Short-acting non-benzodiazepine hypnotic.

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 certified and therefore is not medically necessary.