

Case Number:	CM15-0180846		
Date Assigned:	09/22/2015	Date of Injury:	08/19/2011
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 47 year old male, who sustained an industrial injury on 8-19-11. Current diagnoses or physician impression include cervical degenerative disc disease, neck pain, shoulder pain, arm pain and hand pain. The injured worker is currently working. A report dated 9-8-15 reveals the injured worker presented with complaints that include left shoulder, arm and hand pain described as numbness, weak, aching and tingling. He also has neck pain with left upper extremity pain and numbness. He reports bilateral pain with prolonged standing, and difficulty with cleaning the floor, doing laundry, making the bed, reaching and lifting. He also reported sleep disturbance due to the pain. A physical examination dated 9-8-15 revealed pain over the median nerve at the left elbow. Another examination dated 7-13-15 revealed decreased cervical range of motion. There is pain on palpation at about C5-C6 in the cervical paraspinal muscles on the left side and along the course of the ulnar nerve in the left elbow. Treatment to date has included surgical interventions times 2; anterior cervical discectomy fusion and left carpal tunnel release. His medication regimen includes Ibuprofen and Norco 10-325, which reduces his pain from 7 out of 10 to 3 out of 10 and Ambien 10 mg, which "helps him sleep throughout the night", per note dated 9-8-15. The note also states the injured worker reports the pain relief allows him to sit at work and tolerate the pain, participate in activities longer and sleep is easier. Diagnostic studies to date has included a cervical MRI on 8-5-15, revealed bulging of discs above and below the surgical level at C6-C7, per physician note dated 8-11-15 and electrodiagnostic studies. A request for authorization dated 9-7-15 for Ambien 10 mg #30 is modified to #15 with no refills due to lack of documentation regarding sleep hygiene instruction and total duration of use, and the guidelines recommend short term use, per Utilization Review letter dated 9-10-15 the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg (#30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the request for ambien, and therefore the request is not medically necessary.