

Case Number:	CM15-0191298		
Date Assigned:	10/05/2015	Date of Injury:	05/12/2014
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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

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 53 year old female, who sustained an industrial injury on 5-12-2014. The injured worker is being treated for chronic neck pain with right upper extremity pain, chronic right shoulder pain, persistent wrist and hand pain, persistent left shoulder pain and low back pain. Treatment to date has included medications, diagnostics, and acupuncture. Per the Primary Treating Physician's Progress Report dated 9-08-2015, the injured worker reported persistent pain in the upper extremities. She wants to use Ambien for sleep instead of Trazodone. The Ambien works much better for her. Objective findings included bilateral palms measured 19.5cm and symmetric. Work status was modified. She has been prescribed Ambien since at least 3-03-2015. Medications on 3-03-2015 included Relafen, Flexeril, Cymbalta, Trazodone and Ambien. She has been prescribed Ambien since at least 3-03-2015. Medications on 3-03-2015 included Relafen, Flexeril, Cymbalta, Trazodone and Ambien. On 7-08-2015 and 8-31-2015, medications included Relafen, Cymbalta, Trazodone and Zanaflex. Per the medical records dated 3-03-2015 to 9-08-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or functional improvement attributed to the use of Ambien. The plan of care on 9-08-2015 included medications and authorization was requested on 9-17-2015, for Ambien 5mg #15. On 9-24-2015, Utilization Review non-certified the request for Ambien 5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15: 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), Pain Chapter - Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was insufficient reporting found in the recent documents made available for review which stated how effective Ambien was at improving sleep and overall functioning which might have helped justify its continuation. However, regardless, this medication class is not recommended for chronic and regular use as was requested by the provider. Also, other methods of improving sleep were not listed as being tried and failed before considering Ambien. Therefore, this request for Ambien is not medically necessary. Weaning may be indicated.