

Case Number:	CM15-0195593		
Date Assigned:	10/09/2015	Date of Injury:	10/29/1998
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 10-29-1998. The injured worker is undergoing treatment for: cervical pain, headache, facial pain, head, neck shoulder, and right arm pain. On 8-25-15, she reported pain to the head, neck, shoulder, and right arm. Her pain is rated 3-4 currently, 4-5 at best, and 7-8 at worst. She indicated her neck pain to radiate down the right upper extremity. The provider noted she takes Ambien to initiate sleep due to neck pain. On 9-25-15, she reported increased pain since her last visits. The location of the pain is not documented. She rated her pain 4 out of 10 with medications and 7 out of 10 without medications. Her quality of sleep is reported as fair, and activity level as remained the same. Objective findings revealed report that pain does not interfere with sleep, concentration, mood, work, recreation or family functions. Reported poor energy, and poor sleep, headache, nausea, sleep disturbance, restricted cervical spine range of motion, tenderness, and trigger point with radiating pain in the cervical and trapezius muscles, and a normal gait. The records do not discuss a current assessment of her sleep hygiene, and there is no discussion of cognitive behavioral therapy. The treatment and diagnostic testing to date has included: medications, acupuncture, TENS unit, and trigger point injection. Medications have included: ambien, baclofen, norco, Lidoderm patches, soma. The provider noted she has been taking Ambien for years (since at least 1998) and that her pain prevents initiation of sleep. Current work status: permanent and stationary, and retired. The request for authorization is for: Ambien 10mg one at bedtime as needed for insomnia, quantity 25. The UR dated 9-1-2015: non-certified the request for Ambien 10mg one at bedtime as needed for insomnia, quantity 25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg 1 qhs prn insomnia #25: 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.

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 & Stress Zolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on 10-29-1998. The medical records provided indicate the diagnosis of cervical pain, headache, facial pain, head, neck shoulder, and right arm pain. Treatments have included acupuncture, TENS unit, and trigger point injection, ambien, baclofen, norco, Lidoderm patches, soma. The medical records provided for review do not indicate a medical necessity for Ambien 10 mg 1 qhs prn insomnia #25. The MTUS is silent on this medication, but the Official Disability Guidelines describes Zolpidem as a prescription short-acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. Additionally, the Official Disability Guidelines 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. The medical records indicate the injured worker has been using this medication since at least 05/2015, rather than the 7-10 days usage recommended by the Official Disability Guidelines.