

Case Number:	CM15-0195840		
Date Assigned:	10/09/2015	Date of Injury:	10/15/1998
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
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: New Jersey, New York
 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 60 year old female, who sustained an industrial injury on 10-15-1998. The injured worker is being treated for cervical muscle spasm, cervical sprain-strain, thoracic muscle spasm, thoracic sprain-strain, right shoulder bursitis, left shoulder bursitis and right recurrent carpal tunnel syndrome. Treatment to date has included diagnostics, chiropractic care, physical therapy, work restrictions and medications. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker reported neck pain radiating into the bilateral upper extremities rated as 6 out of 10 in severity, thoracic spin pain rated as 6 out of 10, right shoulder pain rated as 6 out of 10, left shoulder pain rated as 5 out of 10, right hand pain rated as 8 out of 10 and left hand pain rated as 6 out of 10. Objective findings included tenderness to palpation and muscle spasm of the cervical and thoracic paravertebral muscles. There was tenderness to palpation of the anterior left and right shoulders. There was tenderness to the palmar aspect of the right and left hands. Per the medical records dated 7-30-2015 to 8-27-2015 there is no documentation of improvement in sleep or any measures of functional improvement attributed to the use of Zolpidem. There is no documentation of sleep related issues. The IW has been prescribed Zolpidem since at least 7-30-2015. Work status was remain off work until 9-26-2015. The plan of care included, and authorization was requested on 8-27-2015 for chiro and physiotherapy, Cyclobenzaprine, Pantoprazole, analgesic topical creams and Zolpidem 10mg #30. On 9-03-2015, Utilization Review non-certified the request for Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tab 10 MG #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 (ODG), Pain chapter.

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

Decision rationale: The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. However, the risk of long-term use of Ambien currently outweighs benefit and is not medically necessary.