

Case Number:	CM15-0198405		
Date Assigned:	10/13/2015	Date of Injury:	09/22/1996
Decision Date:	11/20/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/08/2015

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: California

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 43 year old male, who sustained an industrial injury on 9-22-1996. Diagnoses include chronic pain syndrome, hypertension, depression, and shoulder pain. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. On 8-20-15, he complained of no change in the pain in the neck and low back. The provider documented he was "prescribed Ambien to alleviate difficulty sleeping." Current medications included Amlodipine before bed, Esomeprazole, Fentanyl, Norco, and hydrochlorothiazide (all since at least 4-1-15). The physical examination documented tenderness to the left shoulder and ileolumbar areas. There was pain with range of motion noted. The records documented a CURES report was current on 8-13-15, low risk of opiate misuse, and urine drug toxicity on 6-15 was consistent with treatment. The plan of care included ongoing medication management. The appeal requested authorization for Ambien 10mg #30. The Utilization Review dated 10-5-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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, Pain-Zolpidem (Ambien).

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and although the updated versions do support the use of hypnotic medications for pain related insomnia, Ambien is not one of the recommended medications for long-term use. The Guidelines do not support the use of Ambien beyond a few weeks and do provide alternatives for long-term use. There are no unusual circumstances that justify an exception to the Guidelines. The Ambien 10mg #30 is not supported by Guidelines and is not medically necessary.