

Case Number:	CM15-0199005		
Date Assigned:	10/14/2015	Date of Injury:	10/30/2010
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 66 year old female, who sustained an industrial-work injury on 10-30-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, facet osteoarthropathy, right hip osteoarthropathy and left shoulder pain. Treatment to date has included pain medication, sleep medication Ambien since at least 2-7-15, epidural steroid injection (ESI) and other modalities. Medical records dated (2-7-15 to 9-3-15) indicate that the injured worker complains of low back, bilateral hip and shoulder pain. She reports intolerance to ambulation. The physician indicates that "Ambien helps with sleep." Per the treating physician report dated 9-3-15 the injured worker is permanent and stationary. The physical exam dated 9-3-15 reveals tenderness to the lumbar spine, decreased range of motion of the lumbar spine, decreased lumbar spasm is noted and limited motion of the bilateral hips due to pain. There is no documentation of previous sleep medications used or discussion of sleep hygiene or discussion of insomnia. The requested service included Ambien 10mg #30. The original Utilization review dated 10-2-15 non-certified the request for Ambien 10mg #30.

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 (ODG), 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) 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 some report of Ambien helping with sleep and contributing to functional gains (along with the other medications taken). However, there was insufficient recorded justification for this medication to be used chronically, which is not recommended by the MTUS Guidelines. Therefore, Ambien will be considered medically unnecessary.