

Case Number:	CM15-0207334		
Date Assigned:	10/26/2015	Date of Injury:	07/23/2007
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California

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 69 year old female, who sustained an industrial injury on July 23, 2007. The injured worker was diagnosed as having cervical spine sprain and strain with herniated disc with radiculopathy per magnetic resonance imaging, lumbar spine sprain and strain with herniated disc with spondylolisthesis at lumbar four to five per magnetic resonance imaging, right shoulder sprain and strain with rule out tendinitis impingement, cuff tear, and internal derangement, left shoulder sprain and strain with tendinitis impingement with internal derangement per magnetic resonance imaging, bilateral hand and wrist carpal tunnel syndrome per electromyogram with nerve conduction velocity, anxiety and depression, insomnia, elevated blood pressure with rule out hypertension, and headaches. Treatment and diagnostic studies to date has included electromyogram with nerve conduction velocity of the bilateral upper extremities, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the left shoulder, and medication regimen. In a progress note dated July 22, 2015 the treating physician reports complaints of pain to the lumbar spine that radiates to the legs, along with sciatica symptoms, numbness to the right leg, and pain to the cervical spine. Examination performed on July 22, 2015 was revealing for decreased range of motion to the cervical spine and lumbar spine, tenderness to the cervical paraspinal muscles, positive foraminal compression testing to the cervical spine, positive Spurling's testing to the cervical spine, positive straight leg raises at the lumbar four, five, and sacral one dermatome levels. On July 22, 2015, the injured worker's medication regimen included Anaprox, Pantoprazole, Norco, Butrans, and Colace. The progress note from July 22, 2015 did not contain documentation of a sleeping agent, along with lack of documentation of a daily

wake time, if the injured worker has a consistent bed time, any relaxation techniques performed, the avoidance of caffeine and nicotine prior to bedtime, the avoidance of napping, the time of sleep onset, the sleep quality, or the next-day functioning. In the progress note from April 29, 2015 the treating physician noted that the injured worker has difficulty with sleep, but the progress note did not include did not contain documentation of a sleeping agent, along with lack of documentation of a daily wake time, if the injured worker has a consistent bed time, any relaxation techniques performed, the avoidance of caffeine and nicotine prior to bedtime, the avoidance of napping, the time of sleep onset, the sleep quality, or the next-day functioning. On September 23, 2015, the treating physician requested Ambien 10mg with a quantity of 30, but the request did not indicate the specific reason for the requested medication. On October 02, 2015, the Utilization Review denied the request for Ambien 10mg with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 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 chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.