

Case Number:	CM15-0208011		
Date Assigned:	10/26/2015	Date of Injury:	01/22/2007
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 39 year old female, who sustained an industrial injury on January 22, 2007. She reported injury to her right hand, right wrist and lower back. The injured worker was currently diagnosed as having cervical IVD disorder with myelopathy, lumbar IVD disorder with myelopathy, shoulder peri-arthritis, status post lumbar discectomy and synovitis-tenosynovitis. Treatment to date has included diagnostic studies, physical therapy and medication. On September 11, 2015, the injured worker complained of headache, dizziness, cervical pain, bilateral shoulder pain, thoracic pain, lumbar pain, sacroiliac pain and bilateral upper extremity pain. She was noted to have anxiety and stress. She experienced insomnia and was reported to sleep one to two hours at night. Notes stated that she was prescribed with one time emergency prescription of Norco, Prilosec and Ambien. On October 9, 2015, the injured worker complained of headache, dizziness, cervical pain, bilateral shoulder pain, thoracic pain, lumbar pain, sacroiliac pain and bilateral upper extremity pain. She was noted to have anxiety and stress. The injured worker experienced insomnia and was reported to sleep one to two hours at night. On the day of exam, notes stated that she was supplied with one time emergency prescriptions for Norco, Prilosec, Ambien and Fioricet. On September 24, 2015, utilization review denied a request for Ambien 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg: 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 (Chronic), 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) Ambien.

Decision rationale: Guidelines recommend short term use of sleep agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7-10 days may indicate a medical or psychiatric illness. In this case, there is no documentation of sleeping difficulty, behavioral treatments that have been attempted and response to non-pharmacologic measures. The request for Ambien 5 mg is not medically appropriate and necessary.