

Case Number:	CM15-0209006		
Date Assigned:	10/28/2015	Date of Injury:	05/21/2012
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina

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 53 year old female, who sustained an industrial injury on 05-21-2012. She has reported injury to the neck and low back. The diagnoses have included cervical strain; cervical disc herniations, C5-6 and C6-7; lumbar strain; lumbar spine degenerative disc disease; and right wrist de Quervain's tenosynovitis. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Tramadol, Robaxin, Tizanidine, and Ambien. A progress report from the treating physician, dated 09-21-2015, documented a follow-up visit with the injured worker. The injured worker reported that "she feels that the pain may be bad enough for surgery at this time because she is worse"; she is "afraid that surgery could ruin her voice as she loves to sing"; she continues to have right arm weakness and numbness; the pain is rated at 7-8 out of 10 in intensity without medications, and 4 out of 10 in intensity with medications; she uses Tramadol for pain and a muscle relaxer for spasm; she is interested in chiropractic care for her pain; and she is not working at this time. Objective findings included there is normal reflex, sensory, and power testing to bilateral upper and lower extremities, except weakness and numbness in the right upper extremity at C6 and C7; diffuse cervical and lumbar tenderness; cervical spine range of motion is decreased by 30%; lumbar range of motion is decreased by 10%; muscle spasms are noted in the paraspinal musculature in the cervical and lumbar paraspinals; and there is a positive right Spurling's sign. The treatment plan has included the request for Ambien 10mg #30. The original utilization review, dated 09-29-2015, 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.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.