

Case Number:	CM15-0021531		
Date Assigned:	02/11/2015	Date of Injury:	07/23/2006
Decision Date:	03/27/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 was a 50 year old female, who sustained an industrial injury, July 23, 2006. According to progress note of December 29, 2014, 2014 the injured workers chief complaint was low back [pain 7 out of 10, cervical neck pain 6 out of 10 and left shoulder pain 6 out of 10; 0 being no pain and 10 being the worse pain. Physical exam noted tenderness of the lumbar and cervical spine with limited range of motion. The injured worker was diagnosed with status post lumbar decompression left L4-L5, rule out lumbar radiculopathy, and rule out lumbar intradiscal component, cervical pain with upper extremity symptoms and left shoulder pain. The injured worker previously received the following treatments MRI of the lumbar spine, electrodiagnostic studies of the lower extremities, Hydrocodone for pain, Ambien for sleep, random toxicology screening. On January 20, 2015, the primary treating physician requested a prescription for Ambien 10mg tablets, one daily at bedtime. On January 28, 2015, the Utilization Review denied authorization for Ambien 10mg tablets. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ambien.html>, Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien), and FDA (Food and Drug Administration), Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem, insomnia treatment

Decision rationale: The CA MTUS is silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication for greater than 7-10 days as recommended. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states the specific component of insomnia should be addressed: (a) Sleep onset, (b) Sleep maintenance, (c) Sleep quality, & (d) Next-day functioning. Medical documents provided do not detail these components. As such, the request for Ambien 10mg daily is not medically necessary at this time.