

Case Number:	CM15-0214480		
Date Assigned:	11/04/2015	Date of Injury:	12/07/2010
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old, female who sustained a work related injury on 12-7-10. A review of the medical records shows she is being treated for neck and bilateral arm pain. In the progress notes dated 8-11-15, 9-9-15 and 10-6-15, the injured worker reports pain in her wrists and elbows. She rates the pain a 6-7 out of 10. She reports trying to decrease her pain medications. No reports of sleeping issues or no documentation of sleeping habits. On physical exam dated 10-6-15, no significant changes from last visit. No documentation of sleeping issues, how well the Ambien is working for her sleep or no notation of sleeping habits. She is paying for the Ambien herself. Treatments have included medications. Current medications include Dilaudid, Percocet, Lyrica, Relafen and Ambien. She has been taking the Ambien since at least February, 2015. She is working modified duty. The treatment plan includes requests for medication refills. The Request for Authorization dated 10-15-15 has requests for Dilaudid, Percocet, Relafen, and Ambien. In the Utilization Review dated 10-22-15, the requested treatment of Retro Ambien 5mg. at bedtime dispensed 10-6-15 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ambien 5 mg at Bedtime DOS: 10/6/2015 #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.

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

Decision rationale: The CA MTUS 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 since at least February of 2015, in excess of short term treatment. 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 Retro Ambien 5 mg at Bedtime DOS: 10/6/2015 #30 is not medically necessary at this time.