

Case Number:	CM15-0216318		
Date Assigned:	11/06/2015	Date of Injury:	05/31/2011
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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 59 year old female, who sustained an industrial injury on 5-31-2011. The injured worker is being treated for cervical degenerative disc disease, lumbosacral sprain, right olecranon bursitis, right medial epicondylitis, tendinitis FCU and FCR right, right carpal tunnel syndrome, right tardy-cubital tunnel syndrome and herniated nucleus pulposus. Treatment to date has included medications, epidural steroid injections, diagnostics, cervical traction, physical therapy, injections and acupuncture. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker presented for follow-up. She reported that the effects of the cervical epidural steroid injection from 3-04-2014 have worn off and that her neck is now stiff and painful. Medications include Ambien, Tramadol and Voltaren. Objective findings included restricted ranges of motion of the cervical spine due to pain with minimal tenderness of the right C6 and trapezius. The IW has been prescribe Ambien since at least 4-21-2015. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was modified. Disability status was permanent and stationary. The plan of care included wearing a corset and follow-up with pain management regarding injections. Authorization was requested for Ambien 5mg #30. On 10- 16-2015, Utilization Review non-certified the request for Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg tablet 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 over a month. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.