

Case Number:	CM15-0036205		
Date Assigned:	03/04/2015	Date of Injury:	07/06/2012
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 34 year old female sustained an industrial injury on 7/6/12. She subsequently reports ongoing neck and bilateral upper extremity pain. Diagnoses include sprain/ strain of cervical spine, sprain of wrist, carpal tunnel syndrome and tenosynovitis. Treatments to date have included acupuncture, chiropractic care, physical therapy and prescription pain medications. On 2/10/15, Utilization Review non-certified a request for Retro: Ambien 10mg #30. The Retro: Ambien 10mg #30 was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 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) Treatment in Workers Compensation (TWC); online edition, Chapter: Pain (Chronic); Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia for those that have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien.