

Case Number:	CM15-0036843		
Date Assigned:	03/05/2015	Date of Injury:	03/24/1998
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female sustained a work related injury on 03/24/1998. According to a progress report dated 01/22/2015, the injured worker was re-evaluated for upper extremity and low back pain. Her pain was worse since the last visit. She described right lower thoracic and lumbar pain and occasional leg pain. Pain was rated 10 on a scale of 1-10. The injured worker was last seen by the provider on 07/21/2014. Her current medications included Lyrica, Prilosec, Lioresal and Ambien CR. Active problem list included chronic pain syndrome, muscle pain, lumbar degenerative disc disease, low back pain, lumbar radiculitis, neck pain, shoulder pain, shoulder bursitis, carpal tunnel syndrome, numbness, wrist tendonitis and neuropathic pain. Treatment plan included a request for re-evaluation for the hands and shoulders, 4-6 week follow-up and prescriptions were given for Lyrica and Ambien. According to the previous progress report dated 07/21/2014, the injured worker's medication regimen included Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability

Guidelines (ODG) Treatment in Workers Compensation (TWC), 5th Edition (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), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is a indication that the use of Ambien has exceeded to 6 week time frame recommended by guidelines, as the patient has been on Ambien since July 2014. Additionally, there is a lack of documentation of non-pharmacologic approaches to insomnia management, which are recommended as first line per ODG. Given this, the currently requested Ambien is not medically necessary.