MAXIMUS Federal Services

Case Number:	CM15-0038156		
Date Assigned:	03/06/2015	Date of Injury:	04/09/2006
Decision Date:	04/17/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	02/28/2015

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

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 utilization review was performed on 2/21/15. The injured worker is a 57-year-old male, who sustained an industrial injury on 4/9/06. The injured worker has complaints of neck and arm pain that radiates into the elbow and left thumb and index finger and ring and small finger with numbness and tingling. The diagnoses have included cervical radiculitis and cervical degenerative disc disease. The injured worker has had a left cervical epidural steroid injections with fluoroscopy; C3-C4, C4-C5 and C5-C6 anterior decompression instrumentation on 3/25/11. Magnetic Resonance Imaging (MRI) of the cervical spine 9/22/14 noted adjacent segment protrusion broad based bulge at C6-C7 below the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg, quantity of 30 tablets: 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), Zolpidem.

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

Decision rationale: The treating physician report dated 10/11/13 states that the patient is to continue taking Ambien 10mg q.h.s. and there is no information stating how long the patient has been taking this medication. The current request is for Ambien 12.5mg, quantity 30 tablets. Review of the reports provided, indicate that the patient has been using Ambien since at least 3/19/13. There is no documentation of the patient complaining of difficulty sleeping. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (7-10 days) for treatment of insomnia. The patient has been taking zolpidem for longer than the ODG allows and there is no documentation to support insomnia. The utilization review report dated 10/30/13 authorized a one month supply of Ambien. The recommendation is for denial of Ambien based on the ODG Guidelines.