

Case Number:	CM15-0041499		
Date Assigned:	03/11/2015	Date of Injury:	12/15/2010
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old male, who sustained a work/ industrial injury on 12/15/10. He has reported initial symptoms of neck pain and left knee pain. The injured worker was diagnosed as having cervical radiculopathy, post cervical laminectomy syndrome, and knee pain. Treatments to date included medication, physical therapy, and home exercise program. Magnetic Resonance Imaging (MRI) of the cervical spine reports posterior annular bulge at C3-4, C4-5 disc narrowed and desiccated and demonstrates diffuse posterior annular bulge, canal stenosis, cervical cord slightly displaced posteriorly, C6-7 disc is narrowed, desiccated, and demonstrates diffuse posterior annular bulge, severe bilateral foraminal encroachment, slight posterior displacement of the cervical cord. Electromyogram/nerve conduction velocity (EMG/NCV) was negative. Currently, the injured worker complains of continued neck pain and left knee pain. Pain was rated at 4/10. Quality of sleep was fair. The treating physician's report (PR-2) from 1/19/15 indicated the injured worker continues to try to taper his Norco. Examination revealed the cervical spine had restricted range of motion with flexion at 20 degrees, extension at 5 degrees, and lateral rotation to left/right at 45 degrees. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Phalen's and Tinel's test of wrist was negative. Left knee range of motion was restricted with flexion at 120 degrees and extension at 170 degrees with tenderness to palpation. Medications included Neurontin, Norco, Ibuprofen, Valium, Ambien, Aspirin, Bisoprolol hydrochlorothiazide, Lasix, and Lisinopril. Treatment plan included continuing Norco, Naproxen, Ambien, and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tablet at bedtime as needed, with no refills #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Zolpidem.

Decision rationale: The patient is a 55 year old male with an injury on 12/15/2010. He had a cervical laminectomy and EMG/NCS was negative. He has no radicular symptoms. ODG notes that Ambien (Zolpidem) should only be used short term (7 - 10 days not 25 days) when used at all, Ambien is habit forming and may impair function and memory. Also, 3% of men who took the 10 mg dose had dangerous buildup of blood levels. Ambien is linked to a higher rate of ER visits and should not be used long term. It is not medically necessary for this patient.