

Case Number:	CM15-0043710		
Date Assigned:	03/16/2015	Date of Injury:	08/26/1996
Decision Date:	04/17/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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:

The injured worker is a 46 year old, female patient, who sustained an industrial injury on 08/26/1996. A primary treating office visit dated 03/24/2014, reported subjective complaint of cervical spine pain rated a 2-3 out of 10 in intensity. She has constant headache pain associated with certain movements. She has bilateral shoulder pain described as constant during range of motion and with some difficulty with overhead reaching. In addition she has complaint of bilateral elbow pain, described as constant and rated a 4 out of 10 in intensity. She also has note of slight pain in bilateral hands with certain movements. She describes numbness and difficulty holding items in hands. The following diagnoses are applied; impingement syndrome bilateral shoulders; bilateral carpal tunnel release and bilateral shoulder arthroscopy. The plan of care noted involving switching to Norco 10/325mg #60, one by mouth every 6-8 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #90: 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), regarding Ambien for chronic pain.

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (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 no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to prior treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.