

Case Number:	CM15-0043986		
Date Assigned:	03/13/2015	Date of Injury:	05/08/1996
Decision Date:	04/22/2015	UR Denial Date:	03/04/2015
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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 72 year old female, who sustained an industrial injury on May 8, 1996. The injured worker reported low back pain. The injured worker was diagnosed as having myofascial pain syndrome, insomnia, pain disorder with psychological/general medication condition and degenerative lumbosacral spondylosis. Treatment and diagnostic studies to date have included physical therapy, non-steroidal anti-inflammatory drug (NSAID) and muscle relaxants. A progress note dated February 19, 2015 the injured worker complains of low back and leg pain with stiffness in colder weather. Pain is rated 7-8/10 with medication. She reports sleep disturbance. Orthotic shoes and medication help her. Physical exam notes lumbar tenderness. The plan includes medication, orthotics shoes, physical therapy, surgical evaluation and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp (ODG-TWC) Pain Procedure summary last updated 01/19/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Ambien 10 mg #60 is excessive and not medically necessary as Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days) per the guidelines.