

Case Number:	CM15-0047108		
Date Assigned:	03/19/2015	Date of Injury:	02/01/2008
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56-year-old female who sustained an industrial injury on February 1, 2008. The injured worker was diagnosed with cervical sprain/strain with severe cervical spondylosis, cervicogenic headaches, cervical degenerative disc disease, bilateral sprain/strain with chronic tendinopathy in the shoulders and chronic tendinitis of the elbows, hands and wrists. According to the primary treating physician's progress report on December 23, 2014, the patient continues to experience left sided neck pain with severe cramps and shoulder pain with numbness and tingling in her hands. Cervical spine examination demonstrated limited range of motion in all planes with muscle spasm in the cervical paraspinal and cervical trapezius muscles. Motor strength, sensation and deep tendon reflexes were grossly intact in the upper extremities. Intermittent traction of the neck was performed at the office visit. Multiple Heberden's and Bouchard' nodes were noted in the digits. Positive Phalen's, Tinel's and Finkelstein tests were documented. Prior Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies (no date documented), were noted as negative in the upper extremities. Current medications are listed as Norco, Ibuprofen, Baclofen and Ambien. Treatment plan consists of continuing with exercise regimen and medications including the current request for Ambien for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. In addition, this medication is not intended for long-term use for greater than 6 weeks. Therefore, the request is not certified.