

Case Number:	CM15-0051470		
Date Assigned:	03/24/2015	Date of Injury:	05/06/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Emergency Medicine

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 (IW) is a 53-year-old female who sustained an industrial injury on 05/06/2013. Diagnoses include sprain/strain of the right shoulder, bilateral wrists, bilateral hands, bilateral knees, bilateral feet and lumbar spine and right medial epicondylitis as well as sleep disturbance. Treatment to date has included medications, physical therapy, knee injection and arthroscopic surgery. Diagnostics performed to date included x-rays and MRIs. According to the progress report dated 2/10/15, the IW reported pain in the right shoulder, right elbow, bilateral hands/wrists, low back, bilateral knees and bilateral feet. A prescription for Ambien was requested due to the IW's sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #60, 1 refill: 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) pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Insomnia Treatment.

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically over 6months. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is excessive and not consistent with short term use or attempts to wean patient off medication. The chronic use of Ambien is not medically appropriate and is not medically necessary.