

Case Number:	CM15-0061045		
Date Assigned:	04/08/2015	Date of Injury:	04/02/1999
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

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 60-year-old female, with a reported date of injury of 04/02/1999. The diagnoses include sleep disturbance, left knee meniscal tear/internal derangement, status post left knee arthroscopy, spinal contusion, spinal strain, lumbar disc protrusion, right knee contusion, wrist contusion, status post right hip surgery, and right trochanteric bursitis. Treatments to date have included Norco, Ambien, physical therapy, acupuncture, lumbar epidural steroid injection, an MRI of the lumbar spine, and an MRI of the left knee. The progress report dated 03/19/2015 indicates that the injured worker had ongoing aching pain to her low back and lower extremities and ongoing aching pain to her neck and upper extremities. The injured worker reported having trouble sleeping. The objective findings include use of a cane for assistance with walking, pain with heel/toe walk, midline tenderness, spasm and tightness in the paralumbar muscles, reduced range of motion and activity due to pain, and positive sciatic stretch sign. The treating physician requested Ambien 10mg #30, with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 30 with one 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 Treatment of Workers' Compensation and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for neck and left shoulder pain and headaches. He underwent cervical medial branch radiofrequency ablation on 03/13/15. The claimant has a remote history of a work-related injury and continues to be treated for neck and low back pain with upper extremity and lower extremity symptoms. She has pain and difficulty sleeping. Ambien is being prescribed on a long term basis. The claimant is obese and appears to have obstructive sleep apnea. Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined, although the likelihood of obstructive sleep apnea appears high. Therefore, Ambien was not medically necessary.