

Case Number:	CM14-0101449		
Date Assigned:	09/16/2014	Date of Injury:	01/16/2008
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old female who sustained an injury on 01/16/08. She complains of neck pain radiating from neck down to the left arm. She rated her pain at 7 with medication and 8 without medications. She did not report any change in location. She had no new problems or side effects. Her quality of sleep was poor due to lack of Ambien for the past 6-7 months. She was not trying any other therapies for pain relief. She was taking her medications as prescribed. On cervical spine exam, inspection of the cervical spine revealed moderate lordosis. Her range of motion was restricted with flexion limited to 20 degrees limited by pain, extension limited to 10 degrees limited by pain, right lateral bending limited to 15 degrees limited by pain and left lateral bending limited to 15 degrees limited by pain. Sensory examination revealed reduced soft touch and temperature on examination of first and fifth digit on the left hand. A nerve conduction study of the bilateral upper extremities revealed borderline left ulnar neuropathy at the elbow and borderline left median neuropathy at the wrist. Current medications include Zoloft, Norco, Prevacid, Ambien, Fosamax, and Zocor. She reported moderate pain relief for one week. Diagnoses include cervical pain, cervical facet syndrome, low back pain, and lumbar disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #25, Refills x1: 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), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Ambien (Zolpidem) is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. There is also concern that they may increase pain and depression over the long-term. In this case, there is no documentation of a detailed assessment of insomnia including proper sleep hygiene in this injured worker. Thus, the medical necessity has not been established. Therefore, the request is not medically necessary.