

Case Number:	CM14-0121809		
Date Assigned:	08/11/2014	Date of Injury:	07/26/2006
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

59 year old female injured worker with date of injury 7/26/06 with related neck and right shoulder pain. Per progress note dated 6/19/14, the injured worker rated pain 7/10 with medications and 8/10 without medications. Per physical exam of the cervical spine, there was tenderness noted at C5-C7. There was tenderness to palpation at the bilateral paravertebral C4-C7 area. MRI of the cervical spine dated 5/19/10 revealed mild disc disease at C3-C4 with mild right neural foraminal stenosis and disc bulge at C6-C7 with bilateral neural foraminal stenosis and nerve root impingement. Treatment to date has included physical therapy and medication management. The date of UR decision was 7/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg/Tablet; #301 Tablet p.o QHS PRN (1 ablet By Mouth, Every Evening at Bedtime, As Needed)Refill:2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE- PAIN (LAST UPDATED 6/10/2014) ZOLPIDEM (AMBIEN)

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The documentation submitted for review do not contain information regarding sleep onset, sleep maintenance, and sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.