MAXIMUS Federal Services

Case Number:	CM14-0149026		
Date Assigned:	09/18/2014	Date of Injury:	03/18/2010
Decision Date:	11/13/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 33-year-old female with a reported injury on 03/18/2010. The mechanism of injury was moving boxes. The injured worker's diagnoses included complex regional pain syndrome in the left upper extremity and status post implantation of a permanent spinal cord stimulator. The injured worker's previous treatments included medications, physical therapy, cortisone injections, acupuncture, and ganglion blocks. The injured worker's previous diagnostic testing included an x-ray of the cervical spine on 01/22/2014 which showed no alteration in the configuration of the cervical spinal cord stimulator paddle. The injured worker's surgical history included a cervical laminectomy for placement of spinal cord stimulator panel electrode lead and placement of spinal cord stimulator generator via creation of a generator pocket over the right iliac crest with intraoperative testing on 12/31/2013. The injured worker also had a previous shoulder arthroscopy. The injured worker was evaluated prior to her surgical discharge on 12/31/2013. The clinician indicated discussing the injured worker's Elavil 25 mg at bedtime stating that medication may be optimized by increasing it and the injured worker should discuss that with her treating provider. The clinician indicates that the Elavil should be increased should she have sleep disturbance, as well as continued neuropathic pain after her spinal cord stimulator. On 02/20/2014, the injured worker was evaluated for her complaints of cervical spine pain with radiation to the left side and cramping in the left arm. The injured worker indicated that she hurt more when she was trying to sleep and was only sleeping for approximately 4 hours per night. The clinician started Ambien 10 mg 1 by mouth at bedtime for severe insomnia and continued the Elavil 25 mg at bedtime for difficulty falling asleep. On 07/10/2014, the injured worker indicated that she was having strange dreams with her sleep medication. The clinician's treatment plan was to continue the Ambien 10 mg 1 at bedtime for severe insomnia and Elavil 25

mg 1 by mouth at bedtime. The request was for Ambien 10mg #30:. No rationale for the request was provided. The request for authorization form was submitted on 06/10/2014 and 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment

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

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The injured worker did complain of difficulty sleeping. The Official Disability Guidelines state that zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. The injured worker was originally prescribed Ambien on 02/20/2014. The injured worker reported side effects of strange dreams with her sleep medications on 07/10/2014. The injured worker's use of Ambien 10 mg has exceeded the recommend guidelines. Additionally, the request did not indicate a frequency of dosing. Therefore, the request for Ambien 10 mg #30 is not medically necessary.