

Case Number:	CM14-0176894		
Date Assigned:	10/30/2014	Date of Injury:	11/06/2008
Decision Date:	12/17/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 43 year-old male with the date of injury of 11/06/2008. The patient presents with pain in his neck and upper back, radiating down his arms with intermittent numbness. Facet tenderness is noted on the bilateral C5, C6, C7. Multiple myofascial trigger points are noted. The patient is taking Ambien, Carisoprodol, Hydrocodone-acetaminophen, Soma and Zolpidem Tartrate. The patient is currently working full time. Diagnoses on 10/13/2014: 1) Cervical disc displacement 2) Cervicobrachial syndrome 3) Encounter for long-term use of other medications. The utilization review determination being challenged is dated on 10/24/2014. One treatment report was provided on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, with 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), Stress and Mental Illness chapter

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

Decision rationale: The patient presents with pain in her neck. The request is for Ambien 10mg, with 1 refill. ODG guidelines have the following regarding Ambien for insomnia: "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, only one report is provided for this review and it is not known how long this patient has been prescribed this medication. The treater does not explain that this is to be used for short-term. 10/13/14 report does not indicate that this medication is being tried. There is no discussion as to how it is working. Given that the ODG guidelines only support a short-term use of this medication (7 days or so), and lack of documentation for a short-term use, the request is not medically necessary.