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| Case Number: | CM14-0026631 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 04/16/2004 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Neurology and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 04/16/2004. The mechanism of injury was not provided in the medical records. On 01/06/2014, the injured worker presented for follow-up regarding her neck and low back symptoms. She rated her pain 6/10. Her past treatments were noted to include a cervical fusion at C7-T1, a stiff cervical collar, medications, and psychotherapy. Her medications included Lyrica 75 mg, Ambien, and Aciphex. Her physical examination revealed decreased range of motion of the cervical and lumbar spine. Her diagnoses include status post cervical spine injury, history of esophageal strictures, and chronic pain. The treatment plan included medication refills. The Ambien was noted to be used at bedtime for insomnia. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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 (ODG), Pain, Zolpidem.

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.

Decision rationale: According to the Official Disability Guidelines, Zolpidem may be recommended for short term use for 2-6 weeks for the treatment of insomnia. However, long term use of this medication is not supported as it can be habit forming, it may impair function and memory, and there is concern for increased pain and depression over the long term. The clinical information submitted for review indicated that the injured worker was utilizing Ambien CR 12.5 mg at bedtime for sleep since at least 09/05/2014. As the injured worker was noted to have been using this medication for a long period of time and much longer than 6 weeks, continued use is not supported by the evidence based guidelines. Additionally, the request failed to provide a frequency. For the reasons noted above, the request is not medically necessary.