

Case Number:	CM14-0151057		
Date Assigned:	09/19/2014	Date of Injury:	06/02/1997
Decision Date:	04/16/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on June 2, 1997. The injured worker was diagnosed as having cervicalgia, shoulder pain, lower extremity dysfunction, and thoracic pain. Treatment to date has included ice/heat, and proton pump inhibitor, sleep, oral and topical pain, migraine, and antidepressant medications. On September 2, 2014, the injured worker complains of cervical, thoracic, and lumbar stiffness with radicular pain in the bilateral arms and bilateral legs, numbness tingling, and stiffness and headaches. He complains of right shoulder pain. The pain is described as aching, burning, increasing, pounding, shooting, stabbing, tearing, pinching, and stiff. The headaches are bad and cause migraines. The physical exam revealed midposition gait and station, holds his neck in fixed position status post cervical fusion, mildly decreased muscle strength of the bilateral upper extremities, point tenderness of the paracervical facet capsule on deep palpation, and general significant myofascial pain mainly in the upper thoracic today. The occipital and lumbar paraspinal muscles were tenderness to palpation, which triggered the headache with palpation. There was also tenderness over the facets. The cervical spine range of motion was decreased. There was potential for Xerostherma and tempomandibular joint diagnosis (TMJ). The treatment plan includes refilling of his proton pump inhibitor, sleep, oral and topical pain, migraine, and antidepressant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman`s The Pharmacological Basis of Therapeutics, 12th Edition. McGraw Hill, 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.