

Case Number:	CM14-0201793		
Date Assigned:	12/12/2014	Date of Injury:	03/31/2012
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 34 year old female with an injury date on 03/30/2012. Based on the 11/06/2014 progress report provided by the treating physician, the diagnoses are: 1. Neck pain, status post total disc arthroplasty at C4-C5 level in June 2013 with residual pain and headache. 2. Right shoulder pain, status post right shoulder arthroscopy in October 2012. The patient has follow-up with [REDACTED] in this regard. According to this report, the patient complains of neck pain which radiates to her head bilateral temporal and vertex area to the forehead. "She has undergone cervical total disc arthroplasty at C4-C5 level in June 2013 with residual pain and headache, which is progressing now." She also complains of Headache and right shoulder pain. Examination findings show tenderness at the right cervical paraspinal region and over the left greater/lesser occipital nerve origin. "Shoulder elevation abduction test is positive. Head compression test produces discomfort. Spurling test is painful on the right side." The patient's work status is "modified work." The treatment plan is "requesting authorization for cervical epidural steroid injection, ordering Motorized Cold Therapy Unit for purchase only, continue with medications (Norco, Naprosyn and Orphenadrine), requesting authorization to continue Colace and Ambien. The patient will continue to have follow-up with her neurologist and orthopedic surgeon. Patient is to return to the clinic in four weeks for reevaluation and further treatment management. The patient's past treatment consists of cervical spine surgery, medications, occipital nerve block, and trigger point injections. There were no other significant findings noted on this report. The utilization review denied the request for Ambien 5 mg #30 on 11/25/2014 based on the MTUS/ACOEM/ODG guidelines. The requesting physician provided treatment reports from 06/16/2014 to 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: According to the 11/06/2014 report, this patient presents with neck pain, headache, and right shoulder pain. Per this report, the current request is for Ambien 5 mg #30 "for insomnia secondary to the neck pain and headache." The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting Ambien #30. Medical records indicate the patient has been prescribed Ambien since 06/19/2014. The treater does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Therefore, the current request is not medically necessary.