

Case Number:	CM14-0213040		
Date Assigned:	12/30/2014	Date of Injury:	10/05/2000
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female with date of injury 10/5/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain with radiation of pain to the right upper extremity since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the bilateral cervical paraspinal musculature, positive impingement sign right shoulder, decreased sensation to pinprick and light touch in the bilateral median nerve distribution. Diagnoses: cervical spondylosis, carpal tunnel syndrome. Treatment plan and request: ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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) Treatment Index, 12th Edition (web),2014, Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 56 year old female has complained of neck pain with radiation of the pain to the right upper extremity since date of injury 10/5/2000. She has been treated with physical therapy and medications. The current request is for Ambien, #30. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.