

Case Number:	CM14-0216219		
Date Assigned:	01/06/2015	Date of Injury:	01/01/2004
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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 & Rehabn, 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:

This is a patient with a date of injury of January 1, 2004. A utilization review determination dated November 20 6.14 recommends non certification of zolpidem. A progress report dated August 7, 2014 identifies subjective complaints of persistent left shoulder pain, headaches, and severe muscle spasm. The patient also "does not have her sleeping medication, the patient has been having difficulty in sleeping at night that substantially compromises her ability to perform activities of daily living and increases her perception of pain." Physical examination findings revealed decreased sensation in the right 2nd, 4th, and 5th digits as well as decreased strength in the right upper extremity. Diagnoses include compressive injury of the right brachial plexus and adhesive capsulitis of the left shoulder. The treatment plan recommends Ambien CR one tablet at night to help with sleep as well as other medications. A progress report dated May 1, 2014 indicates that the patient was taking Ambien at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate ER 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 Official Disability Guidelines (ODG), 2014

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 CR), 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 CR) is not medically necessary.