

Case Number:	CM15-0011760		
Date Assigned:	01/29/2015	Date of Injury:	08/16/2001
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 58-year-old female, with a reported date of injury of 08/16/2001. The mechanism of injury involved stress to the upper extremity, neck and chest wall. The diagnoses include neck pain, upper extremity pain, and chest and rib pain. Treatments have included oral medications. Norco was effective in reducing pain levels downward. The progress report dated 12/18/2014 indicates that the injured worker continued to have ongoing shoulder, left arm, knee, chest, and rib pain. The injured worker wanted to continue with the Ambien. It was noted that she was willing to pay out-of-pocket for the medication if she had to. The objective findings included no significant change. The treating physician requested Ambien 5mg #30, with three refills. The rationale for the request was not documented. On 01/12/2015, Utilization Review (UR) denied the request for Ambien 5mg #30, with three refills, noting that there is a lack of high-quality medical evidence in support of the use of sleep agents in patients on high-dose pain medicine. The Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #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), Pain Chapter, Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment index, 12th Edition (web), 2014, Pain Chapter, Zolpidem (ambien)

Decision rationale: The pain chapter of ODG recommends zolpidem for short term (2-6 weeks) treatment of insomnia. A prior utilization review for this patient recommended weaning of Ambien. There is no evidence in support of use of sleep agents in patients on high dose pain medications.