

Case Number:	CM15-0013303		
Date Assigned:	01/30/2015	Date of Injury:	12/08/2005
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a female, who sustained an industrial injury, March 3, 2000 and December 8, 2001, December 8, 2005. The injured worker suffered a left wrist, right leg, both knees, both shoulders and both hands. The injured worker was diagnosed with degenerative disc disease at L4-5, ganglion cyst dorsum of the left wrist with excisions times 2, low back strain, chondromalacia of the right knee with patellafemoral syndrome, bilateral shoulder pain, carpal tunnel syndrome, bilateral wrist and hand pain and myalgia. The injured worker previously received the following treatments physical therapy, wears a left wrist brace at home, back brace at work, EMG/NCS (electromyography and nerve conduction studies) lower extremities in April 2007, surgeries to the right knee, left wrist and pain medication. According to progress note of January 2, 2015, the injured workers chief complaint was back, knee, shoulders, wrists, and hands pain. The injured worker has insomnia, due to, chronic pain January 2, 2015, the primary treating physician requested renewal for prescription for Ambien 10mg #30. On January 16, 2015, the utilization review denied authorization of a prescription for Ambien 10mg #30. The utilization Reviewer referenced ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #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, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chronic Chapter, Zolpidem (Ambien)

Decision rationale: This patient presents with chronic low back, bilateral knees and left wrist pain. The current request is for AMBIEN 10MG #30. The ACOEM and MTUS Guidelines do not address Ambien. ODG-TWC under the Pain Chronic Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" As documented in AME report dated 9/6/13, the patient is utilizing Ambien at nighttime. It appears that this patient has been prescribed Ambien since at least 2013. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. The requested Ambien IS NOT medically necessary.