

Case Number:	CM15-0013968		
Date Assigned:	02/02/2015	Date of Injury:	08/31/2012
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/23/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This male sustained an industrial injury on 8/31/12, with subsequent ongoing shoulder and neck pain as well as headaches. Magnetic resonance imaging cervical spine (5/31/13) showed disk herniations and bulging discs. EMG/NCV bilateral upper extremities (12/2013) showed bilateral median neuropathies and bilateral ulnar neuropathies. In a PR-2 dated 12/22/14, the injured worker reported pain 10/10 on the visual analog scale without medications and 7/10 with medications. The injured worker complained of daily headaches going from the bilateral neck region into the head as well as left arm numbness. The physician noted that the injured worker appeared depressed. Physical exam was remarkable for a flat affect, talking in a slow monotone voice, tenderness to palpation to the upper thoracic spine, cervical spine and bilateral shoulders. Current diagnoses included chronic left shoulder pain status post arthroscopic surgery (11/20/12), neck pain and chronic bilateral upper extremity symptoms. The treatment plan included continuing medications (Percocet, Ibuprofen, Ambien, and Neurontin), adding Omeprazole, and obtaining a psychiatry evaluation. The physician noted that the injured worker appeared depressed. On 1/13/15, Utilization Review noncertified a retrospective request for Ambien 10 mg # 30, DOS 12/22/14, citing ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien 10 mg # 30, DOS 12/22/14: 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) Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patients sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the retrospective request for Ambien 10 mg # 30 is not medically necessary.