

Case Number:	CM15-0114046		
Date Assigned:	06/18/2015	Date of Injury:	01/16/1996
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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, Hawaii
 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 is a 58 year old male, who sustained an industrial injury on 1/16/1996. Diagnoses have included displacement of cervical intervertebral disc without myelopathy, cervical post-laminectomy syndrome, brachial neuritis and chronic pain syndrome. Treatment to date has included surgery, cervical epidural steroid injection and medication. According to the progress report dated 5/11/2015, the injured worker complained of neck pain. He reported that his pain had increased and that he had numbness and radiating pain more on his left side. The neck pain radiated to the left shoulder. He stated that sleep was a problem and that he woke up with his arms numb. The injured worker appeared tired and in moderate pain. Exam of the neck revealed decreased range of motion. Crepitus was noted in the neck. The injured worker reported that he had been using high doses of Ibuprofen over the counter that helped the pain. Authorization was requested for Ambien and Ibuprofen.

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 (Online Version), Insomnia Treatment, Zolpidem (Ambien).

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

Decision rationale: The patient has ongoing neck pain which travels into the left upper extremity. The patient also suffers with insomnia. The current request is for Ambien 10mg #30. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (7-10 days) for treatment of insomnia. The patient has been taking zolpidem on a chronic basis. The available medical records do not establish medical necessity for the request of Ambien 10mg #30 per ODG guidelines. The request is not medically necessary.