

Case Number:	CM15-0119918		
Date Assigned:	06/30/2015	Date of Injury:	04/19/2013
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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, 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 year old male, who sustained an industrial injury on April 19, 2013, incurring upper and lower back injuries. He was diagnosed with cervical strain, degenerative disc disease of the cervical spine, spinal stenosis, radiculopathy, capsulitis of the bilateral shoulders, degenerative osteoarthritis, carpal tunnel syndrome, lumbar strain, and degenerative disc disease of the lumbar spine. Cervical Magnetic Resonance imaging revealed spondylosis, disc bulging and nerve root compromise. Lumbar Magnetic Resonance Imaging showed disc bulging with canal stenosis. Right and left elbow Magnetic Resonance Imaging showed lateral epicondylitis. Treatment included physical therapy, anti-inflammatory drugs, muscle relaxants, topical analgesic gels, pain medications and work restrictions. Currently, the injured worker complained of persistent generalized back pain with radiating symptoms causing difficulty with activities of daily living and loss of sleep. The treatment plan that was requested for authorization included a prescription for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tablet 10mg qty 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with sleep disturbance secondary to pain affecting the neck and back. The current request is for Ambien tablet 10mg qty 30.00. The treating physician report dated 6/24/15 (284B) states, "He is seeing [REDACTED] for depression/anxiety/sleep disturbance. He states WC is denying Ambien. We recommend, Elavil, trazodone or doxepin." A report dated 6/3/15 (227B) states, "I continued him on Ambien 10mg at night as needed for insomnia". The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the medical records provided indicate the patient has been taking Ambien since at least 2/26/15 (155B). A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30, and the patient has been prescribed this medication for several months. The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.