

Case Number:	CM15-0121183		
Date Assigned:	07/01/2015	Date of Injury:	02/09/2005
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

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 was a 50-year-old female, who sustained an industrial injury, February 9, 2005. The injured worker previously received the following treatments Lidoderm patches, Lunesta, Neurontin, Percocet, Prozac, Ambien, Clonazepam, and Norco, lumbar sympathetic nerve block on the left L3, physical therapy and home exercise program. The injured worker was diagnosed with reflex sympathetic dystrophy of the lower limb, complex regional pain syndrome of the left lower extremity, right rotator cuff tear with possible type 2 SLAP region. According to progress note of June 1, 2015, the injured worker's chief complaint was pain along the left foot. The pain fluctuated depending on the activity level and type of activity. The injured worker reported the pain was constant. There was associated symptoms of anxiety, numbness tingling and weakness. The injured worker reported that the medications reduced the pain with minimal side effects. The injured worker reported that sleep had improved with pain control. The injured worker reported difficulty falling asleep and staying asleep without medications. The physical exam noted restricted range of motion and was unable to assess due to pain. There was tenderness to palpation over and along the ankle medial, lateral aspect and along the mortise. There was some allodynia along the foot and ankle. There was some allodynia along the medial and lateral aspect of the ankle. The treatment plan 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 5mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Long-term use is not recommended. Documentation shows chronic use of this medication. The number of tablets requested is excessive, dangerous and number of tablets is not consistent with short-term use. Ambien with 180 tablets (almost 6months worth of medication) is not medically necessary.