

Case Number:	CM15-0126275		
Date Assigned:	07/10/2015	Date of Injury:	10/15/1998
Decision Date:	09/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 is a 61 year old male, who sustained an industrial injury on 10/15/1998. According to a progress report dated 06/01/2015, chief complaints included neck pain and bilateral hand paresthesias. Pain was noted to be of the same intensity as before. Medications included Norco, Flexeril and Ambien. Physical examination demonstrated normal speech and normal gait. He was alert and oriented. No further physical examination was done. Impression included chronic neck pain with paresthesias. Treatment plan included continuation of home exercises and a follow up in 4 weeks. Medications were refilled. He was permanently disabled. The provider requested authorization for Norco 10/325 mg 1 every 8 hours for pain # 90, Flexeril 5 mg 1 every night #30 and Ambien 10 mg 1 every night #30. Currently under review is the request for Ambien 10 mg #30. Progress notes submitted for review show that the injured worker has been prescribed Ambien since before 01/21/2015.

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.

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/ Insomnia Treatment/Zolpidem.

Decision rationale: CA MTUS Guidelines do not address Ambien. Official Disability Guidelines (ODG) states that Zolpidem is a prescription short-acting nonbenzodiazepine 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. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. Guidelines also recommend that treatment of insomnia be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed and include sleep onset, sleep maintenance, sleep quality and next-day functioning. In this case, the injured worker has been using Ambien since before 01/21/2015 which exceeds recommended guidelines. There was no discussion regarding sleep disturbance, sleep onset, sleep maintenance, sleep quality and next-day functioning. The medical necessity of requested treatment is not established. The requested treatment is not medically necessary.