

Case Number:	CM15-0171588		
Date Assigned:	09/14/2015	Date of Injury:	04/29/2015
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial-work injury on 4-29-15. He reported initial complaints of head, neck, and back injury. The injured worker was diagnosed as having chronic brain injury, complex scalp laceration, and transverse fracture of C3. Treatment to date has included medication, diagnostics, surgery (scalp suturing), cervical collar, and acupuncture. CT results were reported on 4-29-15 of the brain with no acute intracranial pathology and subgaleal scalp hematoma. Currently, the injured worker complains of constant head and neck pain associated with headaches. There was also report of blurred vision, hearing loss in the right ear. Pain was aggravated with activity. Per the pain management consultation on 8-10-15, exam noted decreased cervical range of motion with normal reflexes and strength and no neurological deficits. Current plan of care includes medication, neurosurgeon, ENT (ear, nose, throat specialist), and ophthalmologist consultation. The Request for Authorization date was 8-10-15 and requested service included Ambien 10mg 1 tablet at night quantity unspecified. The Utilization Review on 8-26-15 partially-modified-denied the request due limited details regarding nature of insomnia and also use with brain injury, per CA MTUS (California Medical Treatment Utilization Schedule) ACOEM (American College of Occupational and Environmental Medicine) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tablet at night quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Pain Chapter, Insomnia Treatment.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.