

Case Number:	CM15-0177055		
Date Assigned:	09/25/2015	Date of Injury:	11/21/2011
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male who sustained an industrial injury on 11-21-11. The injured worker reported pain in the low back with radiation to the left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for herniated nucleus pulposus of the lumbar spine and status post left shoulder arthroscopic surgery. Medical records dated 9-2-15 indicate pain rated at 4 to 5 out of 10. Provider documentation dated 9-2-15 noted the work status as permanent and stationary. Treatment has included Vicodin since at least May of 2015, Celebrex since at least May of 2015 and home exercise program. Objective findings dated 9-2-15 were notable for tenderness to the anterior capsule and anterior deltoid regions of left shoulder as well as left upper trapezius, left shoulder pain with range of motion, and increased low back pain with range of motion. The original utilization review (8-21-15) denied a request for Ambien 10 milligrams quantity of 30.

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 (ODG), 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) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on 11-21-11. The medical records provided indicate the diagnosis of herniated nucleus pulposus of the lumbar spine and status post left shoulder arthroscopic surgery. Treatments have included Vicodin, Celebrex and home exercise program. The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. Ambien (Zolpidem) is a sleeping pill or minor tranquilizer. The MTUS is silent on Ambien, but the Official Disability Guidelines describes does not recommend it for more than 2-6 weeks in the treatment of Insomnia, because it can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The medical records indicate the injured worker has been taking it since 07/2015. The request is not medically necessary.