

Case Number:	CM15-0177833		
Date Assigned:	09/18/2015	Date of Injury:	10/21/2007
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This 52 year old male sustained an industrial injury on 10-21-07. Documentation indicated that the injured worker was receiving treatment for cervical disc degeneration, failed cervical spine surgery syndrome, chronic pain, insomnia, headaches and lumbar radiculopathy. In PR-2's dated 2-23-15, 4-20-15, 5-18-15, 6-15-15 and 7-13-15, the injured worker complained of insomnia associated with ongoing pain that was improving with medications. The injured worker was prescribed Lunesta. In a PR-2 dated 8-10-15, the injured worker complained of ongoing neck pain with radiation to bilateral upper extremities, low back pain with radiation to bilateral lower extremities and buttocks and ongoing daily headaches. The injured worker rated his pain 10 out of 10 without medications and 9 out of 10 with medications. The injured worker also complained of insomnia associated with ongoing pain that was improving with medications. Physical exam was remarkable for cervical spine with tenderness to palpation and spasms, "moderately" limited range of motion due to pain, significantly increased pain upon flexion, extension and rotation, decreased sensation in bilateral C5-6 distribution and tenderness to palpation to bilateral shoulders with "decreased" range of motion due to pain. The physician noted that magnetic resonance imaging left shoulder (2-19-10) showed hypertrophic acromioclavicular joint that might result in mild anatomic impingement as well as a subchondral cyst in the humeral head. The treatment plan included continuing home exercise and medications (Fioricet, Norco, Senna and Tizanidine), prescriptions for Tramadol ER and Ambien and discontinuing Lunesta. On 8-25-15, Utilization Review non-certified a request for Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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.

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

Decision rationale: MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short-term use, usually two to six weeks for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The ambien prescribed is not for short term usage. According to the clinical documentation provided and current guidelines, Ambien is not indicated as a medical necessity to the patient at this time.