

Case Number:	CM15-0177885		
Date Assigned:	09/28/2015	Date of Injury:	09/25/2000
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old female who sustained industrial injuries on 9-25-2000 with multiple injuries associated with the hands, wrists, and neck. She reports trouble sleeping "due to pain." She has been treated for insomnia with Ambien 10 mg at bedtime, but the length of time on this medication is not provided in the documentation. Other medications noted include Norco and Mobic for pain and inflammation. There is no documentation of other treatment addressing sleep hygiene. The treating physician's plan of care includes a refill of 30 doses of Ambien, 10 mg requested 8-20-2015, but on 9-2-2015 weaning was recommended and it was stated that only one more month would be allowed. Current work status is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 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, Mental Illness and Stress, Ambien-Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for left-sided neck and shoulder pain with radiating symptoms into the shoulder blade. When seen, she was having daily headaches. She was using a home traction unit and TENS which she found helpful. Physical examination findings included limited cervical spine range of motion. She had radiating pain with cervical compression and there was an absent left triceps reflex. There was decreased left lateral forearm sensation. She had triggering of the third finger of her left hand and there was swelling. Tinel's, Phalen's, and Finkelstein tests were positive bilaterally. Medications were refilled. Ambien was being prescribed for insomnia due to pain. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not considered medically necessary.