

Case Number:	CM15-0178338		
Date Assigned:	09/18/2015	Date of Injury:	08/09/2012
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 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 51 year old male, who sustained an industrial-work injury on 8-9-12. He reported initial complaints of shoulder and neck pain. The injured worker was diagnosed as having joint pain in shoulder, cervical spinal stenosis, cervical disc displacement, cervicgia, brachial neuritis, rotator cuff rupture, and cervical spondylosis. Treatment to date has included medication, consultation, and diagnostics. Currently, the injured worker complains of work becoming too much for him in regard to his shoulder and neck pain and was taken off work. Recommendations were for surgical intervention. Medications were stated to not be as effective. Per the primary physician's progress report (PR-2) on 7-23-15, exam reveals limited motion in the cervical spine with 30 degrees of bilateral rotation and 20-30 degrees of extension, flexion is 40 degrees, diminished sensation over the entire left upper extremity, both above and below the elbow in all digits, strength remains diminished in the left hand as compared to the right. Current plan of care includes recommend surgery for left shoulder injury with impingement and medication management. The Request for Authorization requested service included Ambien 5mg #30. The Utilization Review on 8-28-15 modified-denied the request for Ambien 5 mg #9 due to lack of support of long term use of sleeping medications and adjusted for weaning, per Official Disability Guidelines (ODG) Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore, the request is not medically necessary.