

Case Number:	CM15-0022045		
Date Assigned:	02/11/2015	Date of Injury:	06/25/1984
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 6/25/1984. Details of the initial injury and prior treatments were not available for this review. The diagnoses have included cervical spondylosis without myelopathy. Currently, the IW complains of neck pain associated with occipital headaches. On 1/6/15, physical examination documented restricted neck rotation to the left. The provider documented pain interfered with sleep and past use of Ambien had been helpful. The plan of care included continuation of previously prescribed medication and Ambien. On 1/16/2015 Utilization Review non-certified Ambien 10mg #30 with two refills, noting the documentation failed to support medical necessity. The MTUS, ACOEM, or ODG Guidelines were cited. On 2/5/2015, the injured worker submitted an application for IMR for review of Ambien 10mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10MG #30 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Zolpidem (Ambien®).

Decision rationale: The patient presents with pain affecting the neck accompanied with occipital headaches. The current request is for Ambien 10MG #30 x2. The treating physician report dated 1/6/15 (3B) states, "She continues to have her neck pain which fluctuates a bit more on the left than on the right....Still this interferes with her sleep at night and Ambien has been effective in the past to allow her some sleep and a I do believe this should be approved." A report dated 11/07/14 (6B) states, "She is using Fioricet and Ultram which affords some relief, but in the evening her neck pain is worse and she has found that Ambien used periodically is helpful." The MTUS and ACOEM Guidelines do not address Ambien. The ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Medical reports provided, show that the patient has been taking Ambien since at least 4/10/14. In this case, Ambien does provide relief of the patient's symptoms when used periodically but the physician does not specify a duration in which this prescription of Ambien is to be taken. The current request does not satisfy the ODG guidelines as Ambien is only recommended for 7-10 days consecutively. Recommendation is for denial.