

Case Number:	CM15-0026168		
Date Assigned:	02/18/2015	Date of Injury:	03/21/2002
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 59 year old female, who sustained an industrial injury on 3/21/12. She has reported neck injury. The diagnoses have included cervicalgia. Treatment to date has included acupuncture, oral medications, lumbar disc displacement and carpal tunnel syndrome. Currently, the injured worker complains of neck pain and noted some relief with treatment. Palpation of the cervical muscles revealed hypertonicity and active trigger points were discovered in the left trapezius and right trapezius muscles. On 1/27/15 Utilization Review non-certified Ambien CR 12.5 mg #30, noting the clinical documentation does not establish medical necessity of the request. The ODG was cited. On 2/10/15, the injured worker submitted an application for IMR for review of Ambien CR 12.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien CR 12.5 milligrams with date of service 12/02/2014, 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Ambien is recommended only for short term use for sleep onset. The request for ongoing use of Ambien CR is not clinically indicated. Thus, Retrospective request for Ambien CR 12.5 milligrams with date of service 12/02/2014, quantity 30 is not medically necessary.