

Case Number:	CM15-0063261		
Date Assigned:	04/24/2015	Date of Injury:	08/11/2008
Decision Date:	06/02/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 8/11/2008. Diagnoses have included cervical sprain/strain with left cervical radicular symptoms, lumbar spinal stenosis, left lumbar radiculitis and depressive disorder. Treatment to date has included lumbar magnetic resonance imaging, acupuncture and medication. According to the progress report dated 2/16/2015, the injured worker felt that his condition had greatly deteriorated over the last two months. Physical exam revealed painful cervical spine range of motion with left axial head compression. He had bilateral decreased shoulder range of motion, left worse than right. There was global upper extremity weakness. There was increased thoracic kyphosis and lumbar spine tenderness with positive straight leg raise on the left greater than the right. Authorization was requested for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Qty 30 (retrospective 2/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Zolpidem.

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

Decision rationale: Ambien (Zolpidem) is a short acting, non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. MTUS does not provide recommendations on use of this medication. ODG recommends teaching and practicing proper sleep hygiene prior to initiation of medication and diagnosis of the specific component of insomnia to be addressed, prior to initiation of sleep medication. Medical documentation does not indicate documentation of discussion of sleep hygiene, diagnosis of the sleep component at issue, response to prior first-line therapies, or the need for sleep medication. The patient appears to have been taking this medication for an extended period of time. There has been no documented discussion of the patient's sleep hygiene or additional information to justify use of the medication. There is minimal documentation relating to the current need to continue this therapy. Therefore the request for Ambien 5 mg #30 (retrospective 2/24/15), is not medically necessary.