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| Case Number: | CM15-0063554 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 07/25/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/07/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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
 Certification(s)/Specialty: Emergency 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:

This 46 year old female sustained an industrial injury to the low back on 7/25/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, epidural steroid injections and medications. On a PR-2 dated 2/12/15, the injured worker reported being under a great deal of stress with anxiety and depression. The injured worker was now separated from her husband and had been experiencing a lot of financial difficulties. The injured was taking Ambien for pain related insomnia. The injured worker reported getting 8-9 hours of sleep per night with Ambien and 4-5 hours of interrupted sleep per night without Ambien. Physical exam was remarkable for right shoulder with slightly positive impingement signs and supraspinatus motor testing and lumbar spine with tenderness to palpation with extension of tenderness into bilateral buttocks with slight right paraspinal musculature. Current diagnoses included chronic low back pain, lumbar spine sprain/strain, possible lumbar spine degenerative disc disease, right shoulder impingement syndrome, history of seizure disorder and recent breast cancer and situation depression and pain related insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg take 1 tablet by mouth every hour of sleep as needed #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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg take 1 tablet by mouth every hour of sleep as needed #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker was taking Ambien for pain related insomnia. The injured worker reported getting 8-9 hours of sleep per night with Ambien and 4-5 hours of interrupted sleep per night without Ambien. Physical exam was remarkable for right shoulder with slightly positive impingement signs and supraspinatus motor testing and lumbar spine with tenderness to palpation with extension of tenderness into bilateral buttocks with slight right paraspinal musculature. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts. The criteria noted above not having been met, Ambien 10mg take 1 tablet by mouth every hour of sleep as needed #30 is not medically necessary