MAXIMUS Federal Services

Case Number:	CM15-0064776		
Date Assigned:	04/10/2015	Date of Injury:	11/05/1997
Decision Date:	05/21/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 a work related injury November 5, 1997. Past history included right cervical thoracic sympathetic block (stellate ganglion block) C7-8, T1 January 9, 2015, CRPS (complex regional pain syndrome, right arm). According to a primary treating physician's progress report, dated January 28, 2015, the injured worker presented with right upper arm pain described as burning and stabbing, and sensitive to touch. The block performed earlier in the month helped 40% of the pain. The pain now is noted to be increasing with colder weather. On examination, the right upper arm is hypersensitive to touch. Diagnosis is documented as RSD (reflex sympathetic dystrophy). Treatment plan dated February 27, 2015, included requests for medication including Ambien 10mg every day (QD) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG TABLETS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, Zolpidem-Ambien.

Decision rationale: The patient presents on 01/28/15 with unrated right upper arm pain and touch sensitivity, exacerbated by cold weather. The patient's date of injury is 11/05/97. Patient is status post right cervical/thoracic stellate ganglion block of C7, C8, and T1 nerves on 01/09/15. The request is for Ambien 10mg tablets. The RFA is dated 02/27/15. Physical examination dated 01/28/15 reveals hypersensitivity to touch of the right upper arm. The progress note is hand-written and poorly scanned; the remaining physical findings are illegible. The patient is currently prescribed Naproxyn, Lyrica, and Zofran. Diagnostic imaging was not included. Per 01/28/15 progress note, patient is advised to remain off work until further notice. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term."In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 07/07/14, though there is no documentation of efficacy in the subsequent reports. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request is not medically necessary.