

Case Number:	CM15-0067783		
Date Assigned:	04/15/2015	Date of Injury:	05/19/2014
Decision Date:	11/25/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 5-19-14. Medical records indicate that the injured worker is undergoing treatment for cervical facet syndrome, cervical spondylosis without myelopathy, cervical radiculitis, cervical pain, brachial neuritis and shoulder pain. The injured worker was working with modified duties. On (2-16-15) the injured worker complained of cervical pain. Objective findings revealed difficulty with range of motion on right rotation and overhead range of motion. Strength testing of the major muscles of the cervical spine was normal. The right triceps showed weakness at (4+-5). There is lack of documentation of sleep difficulties, total hours of sleep, when sleep was initiated or other sleep hygiene issues. Subsequent progress notes (1-15-15 and 9-22-14) also do not note sleep difficulties. Treatment and evaluation to date has included medications, cervical x-rays, MRI of the right shoulder, urine drug screen, physical therapy and chiropractic treatments. Current medications include Lisinopril, Metformin, Naproxen, Neurontin and Simvastatin. The current treatment request is for Ambien 5 mg # 30. The Utilization Review documentation dated 3-25-15 non-certified the request for Ambien 5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: 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 Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had also been prescribed other medications including Nortryptiline . The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not noted. The use of Zolpidem (Ambien) is not medically necessary.