

Case Number:	CM15-0071819		
Date Assigned:	04/22/2015	Date of Injury:	12/02/2005
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/15/2015

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: Internal 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 54 year old female who sustained a work related injury December 2, 2005. Past history included hypertension, cervical fusion 2009, and carpal tunnel surgery right and left in 2000-2001. According to a secondary treating physician's follow-up report, dated March 5, 2015, the injured worker presented for routine follow-up and medication refill. She complained of constant neck pain and lower back pain. The pain is described as a dull ache that can become sharp/stabbing, rated 4/10 with medication and 9/10 without medication. She continues with chronic nausea and vomiting, which will be evaluated by gastroenterology with a suggestive diagnosis of delayed gastric emptying secondary to pain medication intake. The low back pain continues with bilateral radiculopathy, right greater than left, with numbness and tingling in the feet. She finds comfort and pain relief when leaning forward. Diagnoses are documented as neck and lower back pain; post laminectomy syndrome, cervical region; depression; anxiety; chronic pain syndrome; and lumbar/thoracic and cervical radiculopathy. Treatment plan included request for authorization for refill of medications including Ambien 10mg (1) tablet every night as needed, #30, keep schedule with specialist, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, Pain Chapter, Zolpidem (Ambien), Insomnia Treatment.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) indicate that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines indicates that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.