

Case Number:	CM15-0072453		
Date Assigned:	04/22/2015	Date of Injury:	03/10/2011
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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(n) 59-year-old male, who sustained an industrial injury on 3/10/11. He reported pain in the mid back, chest, left shoulder, left arm and right eye due to falling off a ladder and then down a flight of stairs. The injured worker was diagnosed as having lumbosacral sprain, cervical sprain, post concussive syndrome, right eye vision loss and left shoulder girdle sprain. Treatment to date has included a lumbar MRI, an EMG study and pain medications. As of the PR2 dated 3/12/15, the injured worker reports continued neck pain, frequent headaches and vision loss in his right eye. He rates his pain an 8/10, at best a 4/10 with medications, 10/10 without medications. The treating physician noted limited range of motion in the neck, left shoulder and lower back. The treating physician requested to continue Ambien 10mg #30 for insomnia due to pain.

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 (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. In this case, Ambien has been used for sometime without proven efficacy. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.