

Case Number:	CM15-0074470		
Date Assigned:	04/24/2015	Date of Injury:	02/28/2002
Decision Date:	05/21/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57 year old male, who sustained an industrial injury on 2/28/02. He reported neck and right shoulder pain. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar stenosis, spondylolisthesis, and scoliosis. Treatment to date has included chiropractic treatment, lumbar spine surgery on 1/20/15, cervical epidural injections, and a lumbar epidural steroid injection. Currently, the injured worker complains of difficulty sleeping due to pain in the neck, right wrist and left ear. The treating physician requested authorization for Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 57 year old male has complained of neck pain, right shoulder pain and low back pain since date of injury. He has been treated with surgery, epidural steroid injections, chiropractic therapy and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary.