

Case Number:	CM15-0076296		
Date Assigned:	04/27/2015	Date of Injury:	02/25/2002
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 60-year-old male with an industrial injury dated 02/25/2002. Multiple diagnoses are listed and include moderate cervical spondylosis from cervical 3-4 to cervical 6-7, ventral and dorsal cord mass effect, multi-level neural foraminal stenosis, right cervical 8 radiculopathy and status post laminectomy and decompression of lumbar 4- sacral 1 (August 2004), status post anterior decompression and fusion cervical 4-7 (November 2013), right biceps tendon rupture, status post left arthroscopic capsular release with synovectomy, biceps tenodesis, capsular release and subacromial decompression and status post right carpal tunnel and cubital tunnel release (July 2013) and left carpal tunnel and cubital tunnel release (August 2013). Prior treatment included diagnostics, surgery and medications. He presented on 03/31/2015 with complaints of ongoing difficulty with pain in low back, right hip and anterior right thigh. There was also pain in lower extremities to the knees. Pain was rated as 5-7/10 without medications and 3-4/10 with medications. Physical exam revealed sensory loss in the lumbar 4 distribution on the right. The provider notes the injured worker would have significant difficulty tolerating even routine activities of daily living without medications. The treatment plan included Ambien at night (for sleep) when the pain was severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QTY: 60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg QTY: 60.00, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has pain in low back, right hip and anterior right thigh. There was also pain in lower extremities to the knees. Pain was rated as 5-7/10 without medications and 3-4/10 with medications. Physical exam revealed sensory loss in the lumbar 4 distribution on the right. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg QTY: 60.00 is not medically necessary.