

Case Number:	CM15-0094150		
Date Assigned:	05/20/2015	Date of Injury:	06/29/2006
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 58 year old female who sustained an industrial injury on 6/29/06 when she lifted a patient she felt weakness in her hands. The following day she could not move her right arm and it was painful when she lifted it up. She was medically evaluated and diagnosed with a strained right arm and was to return to work with no restrictions. She had pain in her arms and pounding pain in her back. She was re-evaluated by another provider and diagnosed with a back injury. She was given pain medications and placed on light duty which she worked for one month and did not return. Currently she complains of neck, back and shoulder pain with pain level of 8/10 in all areas. In addition she experiences headaches three times per week. She is frustrated and depressed and has sleeping difficulties. On physical exam she exhibited cervical and lumbar decreased range of motion. Medications are not specifically mentioned. Diagnoses include lumbar disc disease; lumbar radiculopathy; intractable low back pain; cervical spine herniated nucleus pulposus. Treatments to date include lumbar epidural steroid injection; extracorporeal shockwave therapy; physical therapy, manipulation, injections; rest; ice and medications. On 5/11/15 Utilization Review accessed a request for Ambien 10 mg # 30.

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, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-pain chapter and insomnia Page(s): 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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 (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. There was no mention of behavioral interventions to impact sleep. A month use of Ambien is not medically necessary.