

Case Number:	CM14-0103314		
Date Assigned:	08/13/2014	Date of Injury:	07/10/2000
Decision Date:	09/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 67-year-old individual was reportedly injured on 7/10/2000. The mechanism of injury was noted as work related injury while performing regular duties. The most recent progress note, dated 6/18/2014, indicated that there were ongoing complaints of chronic neck pain and stiffness. The physical examination demonstrated cervical spine as well healed surgical incision anteriorly. There was forward flexion to within 2 finger widths of the chin to the chest, extension to 10°, and lateral rotation to 50° bilaterally. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for Ambien 10 mg #30 and was not certified in the pre-authorization process on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg 1 HS PRN #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request; therefore ODG(Official Disability Guidelines) was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain.As such, this request is not medically necessary.