

Case Number:	CM14-0152653		
Date Assigned:	09/22/2014	Date of Injury:	03/13/1995
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a male patient with a date of injury of March 13, 1995. A utilization review determination dated September 4, 2014 recommends noncertification of Ambien 10 mg. A progress note dated August 21, 2014 identifies subjective complaints of left shoulder pain, cervical and lumbar degenerative disease, and cervical and lumbar facet syndrome. The patient reports increased low back pain which is worsened with prolonged periods of sitting, and unimproved leg and left shoulder pain. The patient reports an average pain level without medication of 10/10, with medications 7/10, and current pain level rated at 8/10. The patient reports that the medications prescribed are keeping him functional, allow for increased mobility, and tolerance of ADLs and home exercises. No side effects reported with the medications as long as he is using Prilosec. Physical examination identifies tenderness to palpation of the cervical paraspinal muscles and midline, tenderness over C 3-5 facet joints on the left, tenderness to palpation of the lumbar paraspinal muscles left greater than right, positive straight leg raise on the left at 50, and decreased left upper extremity strength. The diagnoses include lumbago, thoracic/thoracolumbar intervertebral disc degeneration, left knee pain, cervical intervertebral disc degeneration, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, cervicgia, and shoulder joint pain. The treatment plan recommends refills for the following medications Norco 10/325 mg, Ambien 10 mg, Nortriptyline 50 mg, omeprazole 20 mg, and naproxen 550 mg. The treatment plan also recommends general orthopedic consultations worsening bilateral shoulder and left index finger complaints, request authorization for bilateral L4-5 and L5-S1 TFESI, and appeal physical therapy 2x4 for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tablet: 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), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for Ambien 10mg, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 10mg is not medically necessary.