

Case Number:	CM14-0009136		
Date Assigned:	02/14/2014	Date of Injury:	05/05/2003
Decision Date:	11/30/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/23/2014

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. 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: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on May 05, 2003. The injured worker was diagnosed as having chronic pain syndrome. Treatment and diagnostic studies to date has included medication regimen, cognitive behavioral therapy, and psychiatric evaluation. In a cognitive behavioral therapy progress note dated December 18, 2013 the treating psychologist reports that the injured worker was ""sleeping better", has a decrease in pain, and in "better mood" since previous session". Examination performed on December 18, 2013 was revealing for a decrease in somatic complaints, decrease in pain, decrease in depression, and a decrease in anxiety. The Agreed Medical Re-evaluation performed on November 25, 2013 noted prior use of Ambien since at least September of 2013, but the medical records provided did not indicate if the injured worker had a consistent bedtime, performed relaxing activities prior to bed, avoided caffeine and nicotine at least six hours prior to bed, avoided napping, and if the injured worker wakes at the same time daily. The documentation also did not indicate when the injured worker has onset of sleep, his sleep quality, and next day functioning. The treating physician requested Ambien 10mg with a quantity of 30 for symptoms related to the cervical spine. On December 20, 2013, the Utilization Review determined the request for Ambien 10mg with a quantity of 30 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 Mg #30 For Symptoms Related to Cervical Spine: 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 (ODG) Pain/Insomnia Treatment, Pain/Zolpidem.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and the Guidelines do not recommend long-term use of Ambien for pain related insomnia. The Guideline recommends limiting use to a couple of weeks and if longer-term use is recommended there are other alternatives that are supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The Ambien 10 mg #30 for symptoms related to cervical spine is not supported by Guidelines and is not medically necessary.