

Case Number:	CM13-0019844		
Date Assigned:	10/11/2013	Date of Injury:	04/21/2008
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic wrist, hand, and forearm and shoulder pain with superimposed psychological stress reportedly associated with an industrial contusion injury of April 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents, sleep aids; and extensive periods of time off of work. In a Utilization Review Report of September 6, 2013, the claims administrator certified a request for Lidoderm patches and partially certified a request for Ambien. The applicant's attorney later appealed. An earlier clinical progress note September 17, 2013 is notable for comments that the applicant reports persistent multifocal wrist, forearm, and hand, and arm, shoulder pain with associated numbness, tingling and paresthesias. The applicant is on Dilaudid, Voltaren, Ambien and aspirin. The applicant's care has been complicated by hypertension, diabetes and congestive heart failure. The request for Ambien is appealed. Work restrictions are again endorsed. It does not appear that the applicant is working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: As noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem or Ambien is recommended only for the short-term management of insomnia, typically on the order of two to six weeks. Ambien is not recommended on the chronic, long-term, scheduled use for which it is being proposed here. Therefore, the request is not certified owing to the unfavorable guidelines recommendation.