

Case Number:	CM13-0048176		
Date Assigned:	01/22/2014	Date of Injury:	04/27/2006
Decision Date:	06/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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 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:

Treatment to date has included use of medications such as Vicodin, Elavil, and Ambien. Medical records reviewed from 2012 to 2013 revealed that the patient has been experiencing chronic wrist and hand pain graded 5-6/10, decreased to 1-2/10 thirty minutes after taking pain medications. Relief lasts for 5 ½ hours. Pain is aggravated by twisting and lifting. Upon physical examination ranges of motion were full and there was no noted sign of inflammation. The patient has been taking a number of medications which includes Ambien 10 mg, prescribed as early as October 2012. Utilization review from October 18, 2013 denied the request for Ambien 10mg ODHS since CA MTUS did not address this medication and based on available data, its medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG, AT BEDTIME, 25 COUNT: 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), Pain Chapter, Zolpidem Section.

Decision rationale: There was no section of the MTUS that covers this issue in dispute. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that Zolpidem (Ambien) is a non-benzodiazepine sedative-hypnotics indicated for insomnia for short-term, usually two to six weeks of treatment. In this case, patient has been prescribed with Ambien since October 2012 due to complaint of insomnia associated to chronic pain. However, there was no discussion regarding patient's sleep hygiene that warrant the use of Ambien. Furthermore, the duration of use exceeds the guideline recommendation. The request for Ambien 10mg, at bedtime, 25 count, is not medically necessary or appropriate.