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| Case Number: | CM13-0051262 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/03/2001 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 69-year-old male who reported an injury on 05/03/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 12/11/2013 indicated diagnoses of right wrist and thumb tendinitis with right carpal tunnel syndrome status post right carpal tunnel release dated 09/04/2002, status post right De Quervain's release dated 09/04/2002, status post neuroma release surgery and right first dorsal compartment dated 06/15/2006 with residual pain, recurrence of left shoulder impingement since 07/2010 with abnormal MRI, status post left shoulder arthroscopic surgery, and insomnia secondary to exacerbation of left shoulder pain. The injured worker reported right wrist and thumb pain with decreased ability to work with the right hand. The injured worker reported the pain was increased with repetitive gripping or grasping. The injured worker reported left shoulder pain. On physical examination of the left shoulder, the injured worker's range of motion was limited. Examination of the right wrist and hand revealed tenderness over the radial right wrist with normal range of motion. There was decreased sensation in the radial nerve distribution of the dorsum of the right hand over the lateral aspect of the dorsum of the hand, thumb, and index finger. The injured worker's prior treatments have included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Ultracet, Soma, and naproxen. A request for authorization dated 12/11/2013 was submitted for Ambien; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There was lack of an objective assessment indicating the injured worker had problems with sleep hygiene. In addition, there was a lack of documentation of efficacy and functional improvement with the prior use of this medication. Moreover, the request did not indicate a frequency for the Ambien. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for 1 prescription of Ambien 10 mg #30 is not medically necessary and appropriate.