

Case Number:	CM13-0052038		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2001
Decision Date:	03/17/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 patient is a 52 year old female injured on 7/22/2001. No diagnostic studies were provided for now. She has had multiple surgeries on her wrists, shoulders and elbows including bilateral carpal tunnel release and revisions, bilateral cubital tunnel release and bilateral shoulder surgeries. She has had physical therapy, acupuncture and massage therapy. Current medications include: Norco 10/325 one four times a day., MS Contin 15 mg 1 once nightly, Ambien CR 6.25 mg by mouth nightly as needed, Soma 350 by mouth twice daily through pharmacy, Lidoderm patches. 11/07/2013 clinical note reported the patient complained about her neck, back and both upper extremities and headaches relating to a 7/22/2001 industrial cumulative trauma injury claim. On examination of the hands, she has positive Tinel's bilaterally, more so on the right. On examination of the shoulder, she is tender on both shoulders. Diffusely, she can abduct both to about 145 and forward flex to 160 degrees. History of bilateral shoulder is Left shoulder in May 2005 and right shoulder in August 2003. Right shoulder MR arthrogram, June 2009. Chronic pain syndrome. Positive nerve conduction studies for moderate right median and ulnar neuropathies, mild left median neuropathy. Her treating physician has requested a prescription for Ambien 6.25mg as the patient is unable to sleep in the evenings due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 6.25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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).

Decision rationale: According to the ODG, Ambien (Zolpidem) "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 is also concern that they may increase pain and depression over the long-term." The earliest note of the patient's Ambien prescription dates back to 11/21/2007. Subsequent office visits note the patient was still taking Ambien on the following dates: 01/16/2008; 03/12/2008; 10/20/2009; 12/15/2009; 04/06/2010; 05/03/2011; 06/28/2011; 10/18/2011; 05/29/2012; 09/18/2012; 11/30/2012; 01/08/2013; 03/05/2013; 04/30/2013; 06/25/2013; 08/19/2013 (switched to 6.25mg); 09/18/2013; 11/18/2013. At this point the patient has surpassed the approved short-term treatment as per the ODG.