

<b>Case Number:</b>	CM13-0056051		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/29/1986
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 who reported an injury on 03/29/1986. The mechanism of injury due repetitive trauma while performing normal job duties. The patient reportedly sustained injury to the right arm, right elbow, right wrist, and right hand. The patient's treatment history included medication usage and surgical intervention to include right de Quervain's tenosynovitis, right carpal tunnel syndrome surgery, and right lateral epicondylitis surgery. The patient's medication schedule included Ambien 10 mg, Elavil 50 mg, ibuprofen 600 mg, Norco 10/325 mg. The clinical documentation submitted for review does indicate that the patient's Ambien is taken on an as needed basis and provides the patient the ability to sleep for greater than 6 hours a night. This allows the patient to wake up with a more rested sensation. The patient's diagnoses included right brachial plexopathy, right lateral epicondylitis, right carpal tunnel syndrome, and right de Quervain's tenosynovitis. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30:** 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) Pain Chapter, Insomnia Treatments.

**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, Insomnia Treatments.

**Decision rationale:** The requested Ambien 10 mg #30 is not medically necessary or appropriate. Official Disability Guidelines recommend the short-term use of this medication to assist patients with establishing good sleep hygiene. The clinical documentation submitted for review does indicate that the patient takes this medication on an as needed basis as it provides the patient with 6 hours of uninterrupted sleep allowing for a restful wakening. The clinical documentation, however, does not specifically identify how often the patient is taking this medication. As they have been prescribed this medication for an extended duration of time, which is not supported by guideline recommendations, appropriate use of this medication could not be established. The clinical documentation does not provide any way to determine that the patient takes this for short durations and not on a daily basis. As such, the requested Ambien 10 mg #30 is not medically necessary or appropriate.