

<b>Case Number:</b>	CM13-0063354		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old male who was injured over the years from 10/25/85 to 3/14/11 while working as an aircraft mechanic. He was later diagnosed with carpal tunnel syndrome right hand, stenosing tenosynovitis of the right index finger, left hand carpal tunnel, left trigger finger, neck sprain/strain, cervical disc disease, lumbar strain/sprain, and lateral epicondylitis of the left elbow. He now has chronic pain in the lower back and neck. He was treated with conservative care including oral medications such as opioids and physical therapy, and later surgeries, including left wrist carpal tunnel release, left trigger thumb release, and anterior cervical discectomy and fusion. He soon after the injury developed insomnia, stress, and anxiety and was referred to psychiatry and internal medicine. His, insomnia, anxiety and stress were reportedly related to his chronic pain related to his injuries. He was diagnosed later with depressive disorder with anxious features and sleep disorder due to medical condition. He was treated with Ambien over the past many months by his orthopedic doctor on an as needed basis. The worker is currently off work and has been since 2011. He was seen by his primary treating orthopedic physician on 9/11/13 complaining of his right hand and triggering of his right index finger, low back pain and neck pain. He also reported not being able to sleep, having stress, and anxiety. He was recommended to see psychiatry and internal medicine for the purpose of helping his anxiety and insomnia, and was recommended he continue his Vicodin for pain and Ambien for insomnia. He was seen by a psychiatrist on 9/17/13 who recommended he take Cymbalta for his depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 20MG:** 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), Mental Illness section, sedative hypnotics AND Pain section, Zolpidem.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 3 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the goal should be to treat his anxiety and depression primarily if this is the primary cause of his insomnia rather than use sedative hypnotics. The worker has surpassed the recommended duration of therapy with this category of medication. Therefore, the request for Ambien 20mg is not medically necessary and appropriate.