

Case Number:	CM14-0002231		
Date Assigned:	01/24/2014	Date of Injury:	10/30/2007
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine, 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:

The patient is an employee of [REDACTED] and has submitted a claim for cervical spine, lumbar spine, and bilateral hand and wrist pain associated with an industrial injury date of October 30, 2007. Treatment to date has included medications, including Ambien (since September 2013); and wrist immobilizer. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of cervical spine pain radiating to both upper extremities, right greater than the left. The patient also complained of lumbar spine and bilateral hand and wrist pain. On physical examination, the cervical spine revealed tenderness with limited rotation bilaterally. The lumbar spine also revealed tenderness but range of motion was full. There was chronic deformity of the left wrist with tenderness and decreased range of motion in all planes. The right wrist was also tender but with full range of motion. Motor strength was decreased and Phalen's and Tinel's signs were positive. Utilization review from December 30, 2013 denied the request for MRI of the bilateral wrists and bilateral hands because the medical records did not provide an alternative differential diagnosis to be considered for MRI; and Ambien (zolpidem) 5 mg tablets #30 1/2-2 tablets by mouth approximately 30 minutes before bed because guidelines support such medications for short-term treatment but not on a chronic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL WRISTS AND BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: According to the ACOEM Practice Guidelines referenced by CA MTUS, MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienböck disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; and to diagnose suspected soft tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. In this case, an MRI of the wrists and hands was requested because the patient failed all appropriate conservative care and remained significantly symptomatic. However, the mere failure of conservative management is not an indication for MRI of the wrist and hand according to ACOEM Guidelines. Furthermore, there was no discussion regarding possible TFCC tear, Kienböck disease, occult scaphoid fracture, or suspected soft tissue trauma. It is likewise unknown due to lack of documentation if the patient had previous radiographic imaging of both hands. Therefore, the request for MRI of the bilateral wrists and bilateral hands is not medically necessary.

AMBIEN (ZOLPIDEM) 5 MG TABLETS, #30, 1/2-2 TABLETS BY MOUTH APPROXIMATELY 30 MINUTES BEFORE BED: 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 Treatment, and ODG, Pain Chapter, Ambien.

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.

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, the patient was being prescribed with Ambien since September 2013 (8 months to date); however, there was no objective evidence of functional benefit. Furthermore, the most recent progress note dated November 4, 2013 reported no subjective or objective evidence of sleep difficulties. Moreover, Ambien is not recommended for long-term use. Therefore, the request for ambien (zolpidem) 5 mg tablets, #30, 1/2-2 tablets by mouth approximately 30 minutes before bed is not medically necessary.

