

Case Number:	CM14-0014674		
Date Assigned:	02/28/2014	Date of Injury:	04/23/2012
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery, 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 injured worker is a 40 year-old female with a date of injury of April 23, 2012. The progress notes presented for review indicate that the injured worker is somewhat worse in the overall clinical situation. There are a number of cryptic signs presented and no real clinical indication is taken from these notes. A supplemental report is presented from January 2014 noting that a urine drug screen has been completed. It is noted this individual was injured in March of 2009. The current diagnosis code is a sprain of the wrist. There was a noted carpal tunnel syndrome that was addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHAPTER 11: FOREARM, WRIST AND HAND COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain chapter, updated June, 2014

Decision rationale: According to the Official Disability Guidelines (ODG), Ambien is a short acting, non-benzodiazepine preparation that provides a hypnotic effect which allows for sleep. The clinical indication is for short-term (2-6 weeks) treatment of insomnia. While noting that sleep hygiene is essential to managing chronic pain, there needs to be demonstration of some efficacy of the medications employed. There is no narrative in the most recent progress note indicating any complaints of insomnia. As such, the request is not medically necessary.