

Case Number:	CM14-0016998		
Date Assigned:	03/07/2014	Date of Injury:	12/29/1997
Decision Date:	04/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Practice has a subspecialty in Pain Management 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 claimant presented in this case has sustained an injury on November 1, 2005 resulting in chronic left shoulder pain, chronic regional pain syndrome, and left rotator cuff injury. Original problem initially started as a simple Paper cut which involve infection of her first fingers and metacarpal joints. She had reduced function of her left hand. Her daughter had been helping her with bathing, cooking and cleaning. A recent exam report on October 4, 2013 noted that the patient had not been sleeping well and was using Lunesta to get 4-5 hours of sleep. The patient rated to be 4 to 6 out of 10. She had previously undergone aquatic therapy as well as a brace and a therapeutic ball pump. Her examination indicated slight numbness in the upper extremities and limited internal rotation of the left shoulder. She was recommended to have "help at home." Ambien 5 mg at night was considered as an alternative to help her sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: According to the MTUS guidelines, "Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case the patient does not meet MTUS guidelines home health care. The request for home health care is not medically necessary and appropriate.

AMBIEN 5MG, #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).

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 Official Disability Guidelines (ODG) "Recommend that treatment be based on the etiology, with the medications recommended below...Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness...Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Zolpidem [Ambien® (generic available), Ambien CR®] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults... The extended-release dual-layer tablet (Ambien CR®) has a biphasic release system; an initial release of Zolpidem reduces sleep latency and a delayed release facilitates sleep maintenance. Side effects: headache, daytime drowsiness, dizziness, blurred vision, confusion, abnormal thinking and bizarre behavior have occurred. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal. Dosing: Ambien 5 to 10 mg at bedtime (5 mg in women, the elderly and patients with hepatic dysfunction); Ambien CR 6.25 to 12.5 mg at bedtime (6.25 mg in women, the elderly and patients with hepatic dysfunction) (Morin, 2007). Adults who use Zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case the claimant has been on Lunesta prior to using Ambien and there was no resolution of sleep disturbance within 10 days. As noted in the ODG guidelines, the specific component of insomnia should be addressed prior to using another medication for an extended period of time. As a result the use of Ambien cannot be supported. The request for Ambien 5 mg # 30 is not medically necessary and appropriate.

