

Case Number:	CM14-0019372		
Date Assigned:	04/21/2014	Date of Injury:	10/25/1999
Decision Date:	07/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 58-year-old male who sustained an unspecified injury on 3/5/1998. His diagnoses include status post right carpal tunnel release, status post left carpal tunnel release with recurrence, left cubital tunnel ulnar neuropathy, status post left ulna fracture with ORIF, and left carpal tunnel re-exploration, tenosynovectomy, flap reconstruction and release of ulnar nerve in Guyon's canal on 10/25/2011. Clinical documentation dated 02/19/14 indicates the injured worker complained of low back pain increased with stiffness, numbness, and tingling of the right side. The injured worker reports right knee pain is constrict with clicking and popping. The injured worker also complains of constant left shoulder pain with limited motion. He also reports difficulty sleeping due to constant low back, right knee, and left shoulder pain. He reports pain is reduced from 8/10 to 5/10 with Norco. Objective findings include tenderness over the supraspinatus, coracoid and bicipital groove of the left shoulder. Medications include Ambien 10mg, Anaprox DS 550mg BID, omeprazole 20mg BID, and hydrocodone/acetaminophen 10/325mg QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, - Online Version, Pain (Chronic) Chapter, Zolpidem (Ambien®).

Decision rationale: As noted in the Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Zolpidem 10 mg #30 cannot be recommended as medically necessary.