

Case Number:	CM14-0129090		
Date Assigned:	08/20/2014	Date of Injury:	09/02/2001
Decision Date:	12/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal 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 injured worker (IW) is a 65-year-old man with a date of injury of September 2, 2001. The mechanism of injury was not documented in the medical record. The carrier has accepted the following body parts: left thumb, left wrist, left elbow, left hand and fingers, and left shoulder. Pursuant to the most recent progress note in the medical record dated June 12, 2014, the IW complains of chronic left upper extremity pain secondary to complex regional pain syndrome. There are no acute changes to his pain condition. The IW notes pain from the space between the left thumb and finger through the wrist, along the elbow, and from the left shoulder through the neck. He is experiencing tightness along the upper back. He rates his pain 7/10. His pain is worse at night. He states that the Ambien CR 12.5mg is helpful for the pain. He sleeps 4 to 6 hours a night. Physical examination revealed firm non-erythematous nodules felt along the long axis of the dorsal aspect of the third left finger between DIP and PIP joints. Second and fourth left fingers show slightly erythematous small nodules around PIP joint. Enlarged DIP joint on the right finger noted. The IW has been diagnosed with dystrophy reflex sympathetic upper limb. Current medications include Elavil 25mg, Anaprox 500mg, Protonix 20mg, Hydrocodone/APAP 10/325mg, Flexeril 5mg, Ambien CR 12.5mg, Ativan 1mg, and Prozac 20mg. Treatment plan includes: Continue with medication management. Continue to use Norco and Ambien with benefit. In a progress note dated March 17, 2014, the IW indicated that the Lunesta is not working, and he would like to switch back to Ambien. The provider indicated that the Lunesta will be discontinued, and the IW would rotate back to Ambien 6.25mg. In a progress note dated May 12, 2012, the provider stopped the Ambien 6.25mg, and started the IW on Ambien 12.5mg. According to the progress note dated June 12, 2014, the IW was still taking Ambien 12.5mg and the plan was to continue Ambien CR 12.5mg 1 tablet at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg: 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)- 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 Section, Ambien, (Zolpedem)

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien CR 12.5 mg is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. Ambien CR is approved for chronic use, however, the chronic use of hypnotics in general is discouraged. Ambien CR has a greater frequency of dizziness, drowsiness and headache compared to the intermediate release zolpidem. In this case, the documentation suggests the injured worker was on Ambien prior to the March 17, 2014 progress note where the entry states "Lunesta is not working, like to switch back to Ambien". Lunesta was discontinued and Ambien was restarted. Ambien CR 6.25 mg was started. On a progress note dated May 12, 2014, Ambien CR 6.25 mg was stopped and Ambien CR 12.5 mg was started. The documentation the record states the Ambien CR is "helpful for the pain". It is unclear from the documentation with the latter statement refers to. The documentation does not contain evidence of objective functional improvement with Ambien CR. The injured worker sleeps 4 to 6 hours per night. Additionally, the ODG does not recommend Ambien for long-term use as a sleep aid. Also, the request for Ambien CR did not contain instructions for use. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, Ambien CR 12.5 mg is not medically necessary.