

Case Number:	CM14-0165457		
Date Assigned:	10/17/2014	Date of Injury:	03/14/2013
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Practice, 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:

49 yr. old female claimant sustained a work injury on 3/14/13 involving the neck, right shoulder and buttocks. She was diagnosed with right shoulder impingement syndrome, right brachial plexopathy and entrapment neuropathy, right epicondylitis, de Quervain's tenosynovitis of the right wrist as well as Piriformis syndrome. A progress note on 8/12/14 indicated the claimant had pain in the low back and buttocks. She had severe pain a severe sleep disorder for which she took Ambien 5 mg at night intermittently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia medications

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the

medications. 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. In this case, the sleep disorder was not previously mentioned. Etiology and other options of behavioral modifications were not discussed. Causation related to pain is not specified. Length of use of Ambien is not provided. The Ambien is not medically necessary.