

Case Number:	CM14-0168824		
Date Assigned:	10/16/2014	Date of Injury:	10/27/2008
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 is a 57 year old female with a reported date of injury on 10/27/2008 who requested Ambien 5 mg tablets #60 with 1 refill for the bilateral wrists. Her history includes diagnoses of right upper extremity radiculopathy, left shoulder impingement syndrome, right trigger finger and bilateral carpal tunnel syndrome. The injured worker is noted to have undergone right endoscopic carpal tunnel release and right trigger thumb release on 9/4/14 after failure of conservative management including bracing and steroid injections. Progress report dated 9/18/14 notes that the injured worker is requesting pain medication. Examination notes clean, well-healing incisions. Plan is to stop gym for 4 weeks and refill medications/transdermals. RFA dated 9/18/14 notes a request for Ambien 5 mg, #60 with 1 refill. UR dated 10/7/14 did not certify the request for Ambien, stating that Ambien is not supported for long term use. The request was modified to Ambien 5 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg 1 tablet each night #60 plus 1 refill for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Pain Chapter, Zolpidem

Decision rationale: The injured worker is a 57 year old female who had undergone right carpal tunnel release and right thumb trigger finger release. At approximately 2 weeks after her surgery a request was made for a 2 month supply of Ambien with one refill (essentially a 4 month supply). There has been insufficient justification in the medical documentation to support the use of Ambien over that length of time. The ODG guidelines state that "Zolpidem is approved for short-term treatment of insomnia (2-6 weeks)." In addition, for insomnia management, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The injured worker's recent surgery may be the cause of the insomnia, but this has not been adequately addressed in the medical documentation provided for review. The request for Ambien 5mg 1 Tablet Each Night #60 Plus 1 Refill for the Bilateral Wrists is not medically necessary.