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| <b>Case Number:</b>   | CM14-0032430 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 12/01/1999 |
| <b>Decision Date:</b> | 07/17/2014   | <b>UR Denial Date:</b>       | 02/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 12/01/1999. The injury was reported when the injured worker was thrown off a horse. The diagnosis included dystrophy reflex. Within the clinical note dated 11/21/2013, it was reported the injured worker complained of upper extremity pain. She reported her pain to be burning, numbness, tingling in both arms, left greater than right. The injured worker reported sweating and sensitivity to light touch in the forearms and hands. The injured worker reported taking Ambien to help her fall asleep. Upon the physical exam, the provider indicated the injured worker ambulated to the examination room without assistance. In the clinical note dated 02/21/2014 the injured worker complained of upper extremity pain. Upon the physical examination the provider noted mild edema of the left wrist and hand compared to the right. Decreased range of motion with forward flexion and abduction in bilateral arms, affecting left more than right. Tenderness to palpation over the bilateral trapezius and upper arm musculature with presence of trigger points. The provider indicated there was decreased muscle mass in the left arm compared to the right arm. The provider requested Ambien to aid in sleep. The Request for Authorization was submitted and dated 02/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ambien 5 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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, Zolpidem.

**Decision rationale:** The request for Ambien 5 mg #30 with 1 refill is not medically necessary. The Official Disability Guidelines Zolpidem is a prescription short acting benzodiazepine hypnotic, which was approved for the short term, usually 2 to 6 weeks treatment of insomnia. The guidelines note proper sleep is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short term benefit. All sleeping pills, so called minor tranquilizers and anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long term care. There was a lack of documentation indicating the injured worker has been treated for insomnia. The injured worker had been utilizing the medication for an extended period of time since at least 11/2013 which exceeds the guidelines recommendations of short term use of 2 to 6 weeks. The request as submitted failed to provide the frequency of the medication. Therefore, 1 prescription of Ambien 5 mg #30 with 1 refill is not medically necessary.