

Case Number:	CM14-0033195		
Date Assigned:	06/20/2014	Date of Injury:	08/18/2004
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with an 8/18/04 date of injury. At the time (1/13/14) of the request for authorization for Ambien CR 12.5 mg qhs prn and Ambien 10 mg po qhs prn, there is documentation of subjective (bilateral wrist pain, burning pain in her hands bilaterally, and difficulty sleeping) and objective (decreased muscle tone bilateral hands, limited active range of motion of the fingers with pain) findings, current diagnoses (chronic pain syndrome, pain joint hand, and carpal tunnel syndrome), and treatment to date (medication including Ambien for at least a year). There is no documentation of the intention to treat over a short course (less than two to six weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg: 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).

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

Chapter, Zolpidem.

Decision rationale: The ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, pain joint hand, and carpal tunnel syndrome. In addition, there is documentation of insomnia. However, given documentation of records reflecting prescriptions for Zolpidem since at least 4/30/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien CR 12.5 mg qhs prn is not medically necessary.

Ambien 10mg: 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).

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

Decision rationale: The ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, pain joint hand, and carpal tunnel syndrome. In addition, there is documentation of insomnia. However, given documentation of records reflecting prescriptions for Zolpidem since at least 4/30/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 mg po qhs prn is not medically necessary.