

Case Number:	CM14-0033799		
Date Assigned:	06/20/2014	Date of Injury:	03/03/2006
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
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 Physical Medicine and Rehabilitation 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 is a 63 year old female who reported an injury on 03/03/2006 due to unknown mechanism. The injured worker complained of experiencing frequent pain and numbness in both of her hands and wrists. She also complained of frequent abdominal wall pain and reports that 80 % pain relief with her current medications. The injured worker rated pain at 9/10 and that the pain is impacting her sleep and ability to concentrate. On physical exam dated on 05/05/2014 there was marked tenderness upon palpation around a surgery scar from an surgery performed on 07/01/2009 that was well healed. The bilateral wrist were tender to palpation. The range of motion of the bilateral wrist were slightly restricted in all directions. The medications included are Norco, Ambien, and Celebrex. The injured worker diagnoses are status post-surgery times 3 for abdominal hernia, status post-surgery for bilateral carpal tunnel syndrome with residual numbness and weakness to both hands, mild right ulnar neuropathy with nerve entrapment at the elbow, and abdominal tear of the abdominal triangular fibrocartilage. The treatment plan was for Ambien 10mg. The authorization form was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg Quantity: 45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Insomnia-pain, Ambien.

Decision rationale: The request for Ambien 10mg quantity 45 is non-certified. The Official Disability Guideline states, Ambien is prescription short acting hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to have the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers, and anti-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 they may impair function and memory more than opioid pain relievers. There is also concern that may increase pain and depression over the long-term. Although the injured worker complained of sleep disturbance on clinician visit dated 05/05/2014 there is no objective supportive documentation or diagnoses for the request. In addition the request does not include the frequency for the propose medication. as such the request for Ambien 10mg quantity 45 is not medically necessary.