

<b>Case Number:</b>	CM14-0039383		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, has a subspecialty in Pain Medicine, 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 55-year-old male who reported an injury on 12/29/2011. The mechanism of injury was noted to be forklift driving and packing duties. The injured worker's prior treatments were noted to be medications and physical therapy. His diagnosis was noted to be status post right ulnar nerve decompression and right arm pain from symptom magnification. The progress report dated 01/31/2014 indicated the injured worker remained symptomatic. He presented with right shoulder pain rating pain 8/10, right elbow pain rated 7/10 to 8/10, and right wrist/hand/thumb pain rated at 7/10 to 8/10 with numbness in the hand. The objective findings included inability to grip due to swelling and pain of the right hand. The right elbow had a well healed incision along the medial elbow, slightly tender to palpation; normal range of motion. The right hand/wrist was negative for fracture or dislocation; some right hand tenderness; well healed palmar incision; decreased sensation in thumb, index, and middle fingers; positive Tinel's. The diagnoses noted with this Primary Treating Physician's Progress Report included right cubital tunnel syndrome, status post right carpal tunnel release, and right hand decreased grip. The treatment plan was for wearing a cubital tunnel brace, continuing with medications, and a followup appointment. The provider's rationale for the request was not provided within the most recent clinical evaluation. A request for authorization for medical treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Online Edition, Chapter: Pain.

**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 Zolpidem 5 mg #60 is not medically necessary. The Official Disability Guidelines state Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can become habit forming, and they may impair function in memory more than opioid pain relievers. There was also concern that may increase pain and depression over the long-term. The clinical evaluation provided with the review does not indicate the injured worker with subjective complaints of insomnia. The treatment plan does not indicate an order and therapeutic time period for use of Ambien. The guidelines do not recommend more than 2 to 6 weeks. The request for quantity of 60 would be in excess of the recommendations by the guidelines for therapeutic phase. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Zolpidem 5 mg #60 is not medically necessary.