

<b>Case Number:</b>	CM14-0041349		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54 year old employee with date of injury of 8/6/2009. Medical records indicate the patient is undergoing treatment for radial carpal impingement, chronic left wrist region arthralgia, neuropathic pain, recurrent myofascial strain and de Quervain tenosynovitis. Subjective complaints include chronic wrist pain following a carpectomy. Objective findings include painful restricted left wrist range of movements and the presence of a left volar carpal tunnel relief scar. Treatment has consisted of Ambien, Ibuprofen, Norco, Felctor Patches, and Voltaren 1%. The utilization review determination was rendered on 3/28/2014 recommending non-certification of Ambien 5mg tablets (quantity unknown) for left wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg tablets (quantity unknown) for left wrist pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, 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, insomnia treatment <https://online.epocrates.com/> and Ambien monograph.

**Decision rationale:** The Official Disability Guidelines(ODG) states that Zolpidem (Ambien) is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. Ambien is not FDA approved for the use of chronic pain. There has been no documented discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. ODG additionally states The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documents provided do not detail these components. As such, the request for Ambien 5 mg tablets (quantity unknown) for left wrist pain is not medically necessary and appropriate.