

<b>Case Number:</b>	CM14-0042990		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/25/2002
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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:

This is a patient with a date of injury of 10/25/02. A medical report dated 3/18/14 identifies pain in the left hand and wrist, elbow, and shoulder. It also notes that pain interferes with sleep. The patient has tingling in the left forearm and hand, but more on the thumb side. On exam, there is limited cervical range of motion (ROM) with positive compression test and tenderness, limited left shoulder ROM with positive Hawkins' and Neer's as well as tenderness, positive Tinel's over the left cubital tunnel, and hypoesthesia left forearm and hand. Ambien (zolpidem) was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10 mg #30:** 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) Pain Chapter, Zolpidem (Ambien) section.

**Decision rationale:** Regarding the request for zolpidem, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The ODG recommends the short-term use (usually

two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. Within the documentation available for review, there is no documentation of what behavioral treatments have been attempted for the condition of insomnia, and there is no indication that Zolpidem is being used for short-term use only as recommended by the ODG. In the absence of such documentation, the currently requested zolpidem is not medically necessary.