MAXIMUS Federal Services

Case Number:	CM14-0064356		
Date Assigned:	07/11/2014	Date of Injury:	12/01/2005
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 55 year old female was injured on 12/01/2005. The injury is believed to be caused by repetitive trauma. She complains of bilateral extremity pain. The pain is 8/10, associated with numbness and tingling in her hands. Also, she drops things due to weakness in her hands. She has had surgeries in both shoulders and physical therapy. She has at various times been treated with Norco, SomA, percocet, Naproxen, Lidoderm patch, Omeprazole, Ambien. The physical examination shows well healed scars in both shoulders; limitation of range of motion in both shoulders. The right wrist has a well healed scar, while the two wrists have positive phalen's test.There was positive Tinel's test in the right right, but negative test in the left. MRI of both shoulders done on 03/04/ 2011 revealed rotator cuff tears. The injured worker has been diagnosed of Bilateral wrist and forearm tendonitis; bilateral carpal tunnel syndrome, status carpal tunnel release in 11/2007 with positive symptomatology; Shoulder impingement; Rotator cuff teat; Tendonitis long head of Biceps right, and Gastrointestinal upset due to use of medication .In dispute is her doctors request for Ambien/Zolpidem 10mg 1 tablet by mouth at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien/Zolpidem 10mg 1 tablet by mouth at bedtime #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, Zolpidem/Ambien.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatment Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < FDA.http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019908s027lbl.pdf > 08/31/14.

Decision rationale: This drug is not specifically mentioned by the MTUS, but has similar effects to the Benzodiazepines. The FDA (Federal Bureau of Drug Administration) supports the use of Ambien for the short term (4-5 weeks) treatment of insomnia characterized by difficulties with sleep initiation. The records reviewed indicate the worker had a prescription of this medication on 03/31/13. Based on the above, this request is not medically necessary.