

<b>Case Number:</b>	CM14-0067004		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/15/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/10/2014

### 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 & 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 57-year-old female with a reported date of injury on 12/15/2010. The mechanism of injury was due to keyboarding. Diagnoses were noted to include cubital tunnel syndrome on the left surgically treated and cubital tunnel syndrome on the right. Her previous treatments were noted to include surgery. The progress note dated 05/14/2013 revealed left upper extremity numbness and tingling. The physical examination revealed full range of motion to the left elbow and some tenderness over the medial epicondyle. The range of motion in the small joints of the hand was full. The grip strength was normal averaging 60 pounds force with each hand. There was a complaint of numbness and tingling on the right with 2 point discrimination on both, the right and left was normal. The Request for Authorization Form was not submitted within the medical records. The request is for a pharmacy purchase of Ambien 5 mg #30; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Purchase of Ambien 5mg #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, Insomnia, Insomnia Treatment, and Pharmacologic 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, Zolpidem (Ambien).

**Decision rationale:** The request for a pharmacy purchase of Ambien 5 mg #30 is not medically necessary. The injured worker does not have a diagnosis or indicated symptoms of insomnia. The Official Disability Guidelines state that zolpidem is a prescription that is a short-acting nonbenzodiazepines hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. 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 was also concern that they may increase pain and depression over the long term. There is a lack of documentation regarding insomnia to warrant the need for Ambien. Additionally, the request failed to provide frequency in which this medication is to be utilized. Therefore, the request is not medically necessary.