

<b>Case Number:</b>	CM14-0076222		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Illinois. 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 33-year-old female who reported an injury on 03/18/2010, reportedly when she was breaking down a pallet of 25 pound boxes, and she felt a pop in her left lower upper extremity. The injured worker's treatment history included the placement and subsequent removal of a spinal cord stimulator as well as medications, physical therapy, cortisone injections, cervical epidural steroid injections, stellate ganglion blocks and acupuncture. The injured worker was evaluated on 03/20/2014, and it was documented that the injured worker complained of consistent and moderate pain in the shoulders, arms and hands, left worse than right, with numbness, tingling and weakness. The pain level was a 4/10. The provider noted that the injured worker was taking medications and tolerating them well, and the medications were helping with her pain. On physical examination of the cervical spine, she had limited range of motion; and in her upper extremities, she had mild hyperhidrosis was noted. There was tenderness to palpation at the anterior joint capsulitis of the left shoulder at the biceps insertion that caused significant pain. The provider noted that Elavil was helping with sleep patterns. The injured worker's quality of life had improved. She had had no significant improvement with the spinal cord stimulator. The provider noted that she the injured worker had severe insomnia. Medications included Ambien 10 mg, Elavil 25 mg, Norco 10/325 mg and Fioricet. Diagnoses included complex regional pain syndrome of the left upper extremity and status post removal of the spinal stimulator. The Request for Authorization or rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TWC PAIN 2014, 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 (Chronic), Zolpidem (Ambien).

**Decision rationale:** The request for Ambien 10 mg is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.