

<b>Case Number:</b>	CM14-0198577		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 70 year old male with an injury date of 05/03/01. Per the 10/13/14 progress report the patient presents with right wrist and thumb pain that decreases the ability to work with the right hand along with left shoulder pain. The patient also presents with insomnia due to left shoulder pain with intermittent symptoms. Examination reveals there is slight tenderness and a surgical scar over the right radial wrist. There is decreased sensation in the radial nerve distribution of the dorsum of the right hand. The patient's diagnoses include: 1. Right wrist and thumb tendinitis with right carpal tunnel syndrome, status post right carpal tunnel release on 09/04/02, status post right de Quervain's release 09/04/02, status post neuroma release surgery at right first dorsal compartment on 06/15/06 with residual pain. 2. Recurrence of left shoulder impingement since July 2010 with abnormal MRI of 10/21/10 confirming impingement. Status post left shoulder arthroscopic surgery with Mumford on 02/27/12. Overall good results post-surgery. 3. Insomnia, secondary to exacerbation of left shoulder pain in July and August 2012. The utilization review being challenged is dated 11/01/14. Reports were provided from 01/08/13 to 10/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Ambien/Zolpidem MTUS page 60 Medication for chronic pain

**Decision rationale:** The patient presents with right wrist and right thumb pain along with left shoulder pain post 02/27/12 arthroscopy and August 2012 exacerbation. The treater requests for Ambien 10 mg #30. The 11/01/14 utilization review states this request is per the report of 10/22/14. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The reports provided show the patient was prescribed Ambien on 01/08/13. The treater discontinued Ambien on 04/06/13 due to the patient's concern about memory loss with use of Ambien and requested for Lunesta. On 09/17/13 the treater again requested for Ambien. It appears the patient has continued long-term use of this medication up to the 10/13/14 report. The treater states use is for insomnia due to chronic pain. In this case, ODG states use of Ambien is indicated for the short-term 7-10 days. Furthermore, the reports do not state if the medication helps the patient's insomnia. MTUS page 60 requires a record of pain and function when medications are used for chronic pain. The request is not medically necessary.