

Case Number:	CM14-0204944		
Date Assigned:	12/17/2014	Date of Injury:	07/26/2006
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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, 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 IW is a 63 year old woman who sustained an industrial injury on 7/25/2006. The records provided mainly pertain to treatment of a depressive disorder NOS with anxiety. Physical exam demonstrated pain to palpation in the neck, hand and wrist. Cervical range of motion was decreased. Phelan's and Tinel's were positive in the bilateral arms. Diagnoses 1. Depressive disorder NOS with anxiety 2. Bilateral DeQuervain's syndrome 3. Cervical sprain/strain 4. Bilateral carpal tunnel syndrome Request for Ambien was denied because ODG did not support the use of Ambien for long term treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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), Pain Chapter, Zolpidem (Ambien)

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

Decision rationale: The current request is for Ambien 10 mg, #30. The treating physician report dated does not provide any information as to the length of time the patient has been prescribed

Ambien. There is no documentation to show the effects of prior Ambien usage and there are no complaints or diagnosis of sleep disorder. There are no records of non-pharmacological attempts at good sleep hygiene. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term treatment of insomnia. Recommendation is for 7-10 days of treatment. The patient has been using Ambien for an unknown period of time and the duration of the current request is 4 weeks. The current request is not supported by the ODG guidelines. The request is not medically necessary.