

<b>Case Number:</b>	CM14-0027988		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 4/6/2000. The diagnoses have included medical epicondylitis and lateral epicondylitis. Treatment to date has included medication. According to the progress noted dated 1/29/2014, the injured worker complained of bilateral elbow pain. Associated symptoms were warmth, limitation of motion, tenderness to palpation, shoulder pain and neck pain. Physical exam revealed tenderness to palpation over the lateral and medial epicondylar areas bilaterally. Treatment plan was to refill Norco, Diazepam and Tizanidine and also Ambien CR 12.5mg. On 2/20/2014 Utilization Review (UR) non-certified a request for Ambien CR 12.5mg for sleep due to bilateral elbow injury. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Zolpidem (Ambien).

**Decision rationale:** According to the 01/29/2014 progress report, this patient presents with shoulder, neck and elbow pain. The current request is for Ambien CR 12.5mg. The request for authorization is not included in the file for review. The patient's work status is "part-time full duty." The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The medical records provided for review indicate this medication has been prescribed to the patient since 05/21/2013; it is unknown exactly when the patient initially started taking this medication. The treating physician does not mention the reason why this medication is been prescribed. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician failed to document that the patient has sleeping issue. Furthermore, the treating physician does not provide the prescription dosing and does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Therefore, the current request IS NOT medically necessary.