MAXIMUS Federal Services

Case Number:	CM15-0142705		
Date Assigned:	08/03/2015	Date of Injury:	11/07/2004
Decision Date:	09/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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 37 year old female who sustained an industrial injury on 11-7-04. The mechanism of injury was unclear. She currently complains of right and left elbow pain; bilateral hand pain. She currently rates her pain with medications as 7 out of 10 and without medications as 9 out of 10. On physical exam of the right and left elbows revealed was tenderness to palpation; bilateral wrists revealed tenderness to palpation, decreased range of motion. Medications were omeprazole, Neurontin, Ambien, Motrin, Latuda, Klonopin, and Norco from recent emergency room visit after hitting her left elbow (per 6-12-15 note). Cures (7-16-14 and 6-18-14) were consistent. Diagnoses include carpal tunnel syndrome; elbow pain; reflex sympathetic dystrophy upper limbs; wrist pain. In the progress note dated 6-12-15 the treating provider's plan of care included a request to refill Ambien 10 mg #30 as needed at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tablet at bedtime #30 with 1 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Chronic Pain, under Insomnia Treatment Chronic Pain Chapter under Zolpidem.

Decision rationale: Based on the 10/8/14 progress report provided by the treating physician, this patient presents with pain with medications rated 3/10, and without medications rated 6/10 but does not indicate the location of her pain. The treater has asked for Ambien 10mg 1 tablet at bedtime #30 with 1 refill on 10/8/14. The request for authorization was not included in provided reports. The patient is diagnosed with carpal tunnel syndrome, elbow pain, reflex sympathetic dystrophy, and wrist pain. The patient is getting excellent relief from Butrans, and continues with Neurontin and Ambien per 10/8/14 report. The patient recently went to the ER due to hitting her left elbow and got #20 Norco per 6/12/15 report, but she feels like nerve pain medication is no longer helping her nerve pain as well as before. The patient's work status is permanent and stationary per 6/12/15 report. ODG Guidelines Chapter on Chronic Pain, under Insomnia Treatment, section on Ambien: 2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. ODG guidelines, Chronic Pain Chapter under Zolpidem: Zolpidem 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. (Feinberg, 2008) In regard to the continuation of Ambien for this patient, the requesting provider has exceeded guideline recommendations. While this patient presents with significant chronic pain and difficulty sleeping, ODG does not support the use of this medication for longer than 7-10 days. The patient has been taking Ambien since 10/8/14 report and in 3 subsequent reports from 1/16/15 to 6/12/15. In addition, the requested 30 tablets do not imply intent to utilize this medication short-term. Therefore, the request is not medically necessary.