

Case Number:	CM15-0181410		
Date Assigned:	09/22/2015	Date of Injury:	06/05/2008
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on June 5, 2008. He reported neck pain, left hand pain, pain in the wrist radiating to the palm and ring finger with decreased sensation of the long, ring and little fingers and triggering of the left long finger. The injured worker was diagnosed as having status post cervical fusion, post-surgical cervical spine with flare up, bilateral carpal tunnel syndrome, right long finger tenosynovitis with active triggering and scapholunate tear of the left wrist. Treatment to date has included diagnostic studies, surgical interventions, medications and work restrictions. Currently, the injured worker continues to report neck pain, left hand pain, pain in the wrist radiating to the palm and ring finger with decreased sensation of the long, ring and little fingers and triggering of the left long finger. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 8, 2015, revealed continued pain as noted. There was no indication of insomnia or assessment of sleep hygiene. Evaluation on August 26, 2015, revealed worsening cervical pain and continued left hand and wrist pain as noted. It was noted he had chronic insomnia and needed Ambien. There was no assessment of sleep hygiene or indication of sleep quality or duration. The RFA included requests for Ambien 10mg #20 Qty: 20.00 and was non-certified on the utilization review (UR) on September 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20 Qty: 20.00: 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), Official Disability Guidelines (ODG), Mental illness and stress - Sedative hypnotics.

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 MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "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." The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.