MAXIMUS Federal Services

Case Number:	CM15-0183759		
Date Assigned:	10/22/2015	Date of Injury:	12/29/2012
Decision Date:	12/08/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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: Family Practice

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 24 year old female with an industrial injury date of 12-29-2012. Medical record review indicates she is being treated for left carpal tunnel and left cubital tunnel syndrome, status post endoscopic carpal tunnel and cubital tunnel release and ongoing chronic medial and lateral epicondylitis of left elbow. The injured worker presented on 08-05-2015 for follow up for her left upper extremity. The treating physician indicates the injured worker had a long history of medial and lateral epicondylitis and had failed non-operative treatment. Work status is temporarily disabled. Current (08-05-2015) medications are documented as "none." Prior treatment included physical therapy. The injured worker stated therapy had "really not been effective." She continued to have "significant" pain in the elbow both medially and laterally. She noted the pain was "low grade" at rest but increased to at least 7 out of 10 with activity. Physical exam noted full range of motion of the elbows and wrists bilaterally. Tenderness was noted over the medial epicondyle and lateral epicondyle of the left elbow with "significant pain with resisted wrist flexion and extension." The treating physician was recommending surgery for chronic medial and lateral epicondylitis. On 08-28-2015 utilization review issued the following decision for the requested treatments. Zolpidem Tartrate 5 mg 1 tab at night as needed for quantity of 30 was modified to a quantity of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg #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 Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of insomnia by Michael Bonnet, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic extremity pain and chronic pain syndrome. This relates back to an industrial injury dated 12/29/2012. The patient has undergone L carpal tunnel release, L cubital tunnel syndrome and has additional diagnoses of chronic L elbow lateral epicondylitis. On exam there is tenderness on palpation of the epicondyles of the L elbow. This review addresses a request for refills of Zolpidem, a sleep agent. Zolpidem is a non-benzodiazepine sleep agent, which may be medically indicated for the short term management of insomnia. Medical treatment guidelines recommend non-medicinal approaches first, such as sleep hygiene and cognitive behavioral therapy (CBT). Neither have been documented. In addition, medical problems associated with sleep, such as obstructive sleep apnea (OSA) and major depression, ought to be addressed. The long-term use of sleep agents should be avoided, because tolerance and drug dependence commonly occur. Zolpidem is associated with untoward effects, which include sleepwalking and hallucinations. Zolpidem is not medically indicated.