

Case Number:	CM15-0184800		
Date Assigned:	09/25/2015	Date of Injury:	02/19/2013
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
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: Arizona, 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 44 year old male who sustained an industrial injury on 02-19-2013. Current diagnoses include entrapment neuropathy upper limb and hand pain. Report dated 08-27-2015 noted that the injured worker presented with complaints that included pain in the left and right wrist. Pain level was 4 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-27-2015 revealed range of motion is restricted in both wrists due to pain, and decreased temperature over the hand. Previous treatments included medications, surgical intervention, physical therapy, and acupuncture. The treatment plan included returning in 4 weeks or sooner if needed, prescriptions for Ambien, Norco, and ibuprofen. The injured worker has returned back to work. The injured worker has been prescribed Ambien since at least 04-14-2015. Request for authorization dated 08-31-2015, included requests for Ambien and Norco. The utilization review dated 09-18-2015, modified the request for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg tablet SIG: 1 tab qhs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The sleep disturbance occurred after surgery in 2013. There was no mention of failure of behavioral interventions. The etiology of sleep disturbance was not defined or further evaluated. Long-term use of Ambien can lead to increased morbidity. Continued use of Zolpidem (Ambien) is not medically necessary.