

Case Number:	CM15-0187682		
Date Assigned:	09/29/2015	Date of Injury:	08/28/1996
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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 57 year old male injured worker suffered an industrial injury on 8-28-1996. The diagnoses included right wrist and hand pain. On 7-30-2015, the treating provider reported bilateral hand pain. On exam, there was painful range of motion of the right wrist and hand with tenderness. Prior treatment included 4 hand and wrist surgeries, surgeries including a right wrist fusion, physical therapy, multiple joint injections, H-wave unit, Tens unit therapy and medication. The provider reported the injured worker was not currently taking any medication and Norco, Cymbalta, Ambien and Keppra were discontinued. It was not documented how long ago the medications were discontinued and the rationale. Ambien was ordered at the 7-30-2015 visit without documentation of a sleep evaluation and documentation of trailed and failed non-pharmacological methods for insomnia. The visit on 8-26-2015 did not include a sleep evaluation or instruction on sleep hygiene methods. The provider reported the injured worker had yet to pick up the Ambien prescription. Request for Authorization date was 7-30-2015. The Utilization Review on 8-27-2015 determined non-certification for Ambien 10mg, one po prn #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, one po prn #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 (ODG), Pain Chapter, Ambien.

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

Decision rationale: The Official Disability Guidelines comment on the use of medications to assist with sleep, including Ambien. These guidelines recommend that treatment be based on the etiology. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Finally, these guidelines state that Ambien should only be used for short-term (7-10 days) as a treatment for insomnia. The medical records contain insufficient evidence that the etiology of this patient's sleep disorder has been assessed. Further, the duration for use of Ambien exceeds the above- cited Official Disability Guidelines. Further, there is insufficient documentation on the component of insomnia that is being addressed; including sleep onset, sleep maintenance, sleep quality and next day functioning. For these reasons, Ambien 10mg #30 is not considered as medically necessary.