

Case Number:	CM15-0021565		
Date Assigned:	02/11/2015	Date of Injury:	08/25/2010
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas, 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:

This is a 44 year old male patient, who sustained an industrial injury on 08/25/2010. He sustained the injury while unloading a cabinet. The diagnoses include status post right wrist surgery, carpal tunnel syndrome and right mild thoracic outlet syndrome. Per the primary treating office visit dated 12/09/2014 he had complaints of right wrist pain at 5-6/10 that worsened with gripping, grasping, pushing and pulling activities and noted decreased with rest, home exercise program and medications. Physical examination revealed tenderness to palpation of right wrist with flexion and extension, decreased range of motion with increased pain in all planes and positive Tinel's and Phalen's test. The medications list includes norco and anaprox. He has had CT right wrist on 7/2/2014; EMG/NCS dated 7/28/2014 which revealed mild right carpal tunnel syndrome and mild right thoracic outlet syndrome. He has undergone right wrist-ulnar surgery on 07/01/2013. He is to initial therapy and follow up in 6 weeks; with note of nearing maximum medical improvement. On 12/29/2014, a request was made for the medication Ambien 5 MG. On 01/07/2015, Utilization Review, non-certified the request, noting the OGD Treatment, Pain, Zolpidem was cited. The injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 03/23/15) Zolpidem Ambien®) Ambien contains zolpidem.

Decision rationale: Request: Ambien 5 MG Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term. Detailed history of insomnia since the date of injury in 2010 is not specified in the records provided. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 5 MG is not fully established for this patient at this time.