MAXIMUS Federal Services

Case Number:	CM15-0030088		
Date Assigned:	02/23/2015	Date of Injury:	03/29/1986
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 53-year-old female sustained an industrial injury due to repetitive strain, on 3/29/86 with sub ongoing right upper extremity pain. The injured worker underwent surgery for right De Quervain's tenosynovitis, right carpal tunnel syndrome and right lateral epicondylitis form 1986 to 1991. Electromyography/nerve conduction velocity test right wrist (11/4/13) showed mild right carpal tunnel syndrome. In a PR-2 dated 1/28/15, the injured worker complained of right upper extremity pain 9/10 on the visual analog scale without medications and 4/10 with medications. The injured worker complained of increasing pain around the right metacarpophalangeal (MCP) joint and was requesting another injection to the site. Current diagnoses included brachial plexus injury, cervical radiculopathy, elbow pain, entrapment neuropathy upper limb and lateral epicondylitis. The treatment plan included request for a MCP injection, continuing Norco and Ambien and a referral to an orthopedic surgeon. The physician noted that sleep was improved over baseline with Ambien. On 2/3/15, Utilization Review noncertified a request for Ambien 10mg #30 1 Refill citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia Treatment, section on Ambien.

Decision rationale: This patient presents with right upper extremity pain. The treater has asked for AMBIEN 10MG #30 1 REFILL on 1/28/15. The patient has been taking Ambien since 9/18/13. Regarding Ambien, ODG guidelines recommend for the short-term treatment, 2 to 6 week period, of insomnia with difficulty of sleep onset, 7-10 days. ODG further states: Not recommended 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. In this case, the patient has a chronic pain condition, and has been using Ambien for over a year. MTUS recommends Ambien only for short term use of 7 to 10 days. The request IS NOT medically necessary.