

Case Number:	CM15-0032539		
Date Assigned:	03/05/2015	Date of Injury:	04/25/1994
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 53-year-old male, who sustained an industrial injury on April 25, 1994. He reported injury to the right hand. The injured worker was diagnosed as having chronic pain in joint involving hand, chronic pain in joint involving shoulder region, chronic neck pain and chronic pain due to trauma. Treatment to date has included massage, medication, rest, ice and heat application. On February 17, 2015, the injured worker complained of pain in his right shoulder and right arm. The pain radiates to the right arm, right side of the neck, forearm and right hand. He described the pain as an ache, burning, numbness, piercing, shooting and throbbing. The symptoms are aggravated by bending, daily activities, extension and twisting. Symptoms are relieved by heat, ice, lying down, massage, medications and rest. The treatment plan included medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Ambien/Zolpidem.

Decision rationale: Per the 02/17/15 report, the patient presents with chronic right arm RSD s/p high voltage electrocution in 1994. He has back pain that radiates to the right shoulder and arm, right neck, forearm and right hand. Pain is currently rated 7/10. The current request is for AMBIEN 5mg #20. The RFA is not included; however, the 02/10/15 utilization review references an RFA dated 12/23/14. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The treating physician states on 02/17/15 that Ambien has been helpful when sleep onset is difficult. However, the MTUS guidelines state that use of this medication is indicated for short-term use of 7-10 days, and the patient has been prescribed this medication on a long-term basis since before 08/26/14. The reports provided for review do not discuss why use of Ambien is needed outside guidelines. In this case, the request IS NOT medically necessary.