

Case Number:	CM15-0038972		
Date Assigned:	03/09/2015	Date of Injury:	04/26/2013
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 50-year-old female, who sustained an industrial injury on 4/26/2013, due to repetitive tasks. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included conservative treatments. Electromyogram/Nerve Conduction Studies, performed 6/05/2014, showed mild left ulnar motor neuropathy at the elbow. Ultrasound of the cervical spine and wrist was completed on 7/17/2014. Currently, the injured worker complains of bilateral wrist pain, rated 9/10, neck pain, rated 10/10, right shoulder pain, rated 7/10, and right arm pain, rated 9/10. She reported taking Ibuprofen, which helped sometimes. Current medication list was not noted. Sleep disturbances were not described. Objective findings included right wrist tenderness upon palpation, positive Phalen's and Tinel's signs, and decreased sensation about the median nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain-Zolpidem.

Decision rationale: California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly perscribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.