

Case Number:	CM15-0049000		
Date Assigned:	03/20/2015	Date of Injury:	09/08/2005
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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: Utah, Arkansas
 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 male injured worker who sustained an industrial injury on 9/8/05. The mechanism of injury was unclear. He currently complains of right arm, shoulder and right elbow pain with numbness and tingling in the fingers with weakness in the arm. Pain intensity is 4-8/10. Medications are Norco. Diagnoses include right shoulder arthroscopy times two; persistent, mild lateral epicondylitis, right; new onset bilateral medial epicondylitis, non-industrial. Treatments to date include heat, cold, medications. There were no diagnostics for review. In the progress note dated 12/17/14 and 2/11/15 the treating provider's plan of care includes a request for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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.

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

Decision rationale: MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short term use, usually two to six weeks for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. According to the clinical documentation provided and current guidelines; Ambien is not medically necessary to the patient at this time.