

<b>Case Number:</b>	CM15-0060048		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Pain Management

### 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 35 year old male who sustained a work related injury July 15, 2014. While working with equipment, he had his right hand crushed between two metal parts of a sky jack. Initial diagnosis is documented as right hand/wrist contusion. Treatment included; Colles splint, physical therapy, medication; Tramadol and Naproxen, and modified work duty, with no use of the right hand. According to a treating orthopedic physician's re-evaluation report, dated February 19, 2015, the injured worker presented with complaints of persistent pain, stiffness, and weakness to his right shoulder. There is also ongoing pain, numbness and tingling to his right wrist and hand. Diagnoses included right shoulder sprain/strain; tendinitis/impingement syndrome, right shoulder, rule out rotator cuff tear; traumatic crush injury right wrist and hand; right wrist sprain/strain with partial thickness tear of the extensor carpi ulnaris tendon; mild median nerve compression at Guyon's canal, right wrist, secondary to crush injury; ulnar neuritis, right upper extremity. Treatment recommendations included requesting authorization for MRI, right shoulder, electrodiagnostic studies, physical therapy 2 x 6, and continued use of medications. On March 11, 2015, a request for authorization included Ambien 5mg by mouth at sleep #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 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, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.