

Case Number:	CM14-0094404		
Date Assigned:	07/25/2014	Date of Injury:	05/10/1999
Decision Date:	09/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported an injury, the mechanism of which is unknown, on 05/10/1999. On 04/22/2014, her diagnoses included failed low back syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release, left shoulder pain, status post arthroscopy, left-sided ulnar neuritis, left-sided lateral epicondylitis, left-sided de Quervain's tenosynovitis, and depression. Her complaints included persistent aching pain in her low back and left leg, exacerbated with prolonged standing and walking. She also complained of numbness with pins and needles sensation in her left upper extremity. She did report a weight change, fatigue, weakness, and trouble sleeping. She received intramuscular injections of Toradol and vitamin B12 complex. Her medications included Xanax 1 mg, Ambien 10 mg, Norco 10/325 mg, Motrin 800 mg, and Flexeril 10 mg. The rationale for the requested Ambien stated that it will be used for sleep as needed. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

Decision rationale: Per the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills and so called minor tranquilizers are commonly prescribed for chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. The recommendations further state that the dose of Ambien for women should be lowered from 10 mg to 5 mg. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely only for a short period of time. Per the documentation, this worker has been taking Ambien for greater than 4 months. This exceeds the recommendations in the guidelines of 2 to 6 weeks, as does the requested 10 mg dosage. Therefore, this request for Ambien 10 mg #30 is not medically necessary.