

Case Number:	CM14-0211497		
Date Assigned:	12/24/2014	Date of Injury:	09/29/2011
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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 & Rehabn, 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's original date of injury was September 29, 2011. The industrial diagnoses include right upper extremity rotation injury, finger stenosis in containers in Abydos, median neuropathy of the carpal tunnel, chronic right shoulder pain, and there is a history of right shoulder arthroscopic surgery on March 21, 2012. The disputed issue is a request for Ambien. A recent progress note from November 13, 2014 documents in the treatment section for Ambien as needed for sleep with one refill. This note does not contain details regarding the degree of insomnia, whether it is sleep onset or sleep maintenance type of insomnia, and the patient's response to Ambien. Earlier progress in such as from September 18, 2014 also document the plan for Ambien as needed for sleep. A utilization review has denied this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request (DOS 10/18//14) for Zolpidem 10mg Qty 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) 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), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for 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 a lack of clear documentation as to what response the patient has to Ambien. Furthermore, the time frame of Ambien usage is in excess of guidelines. The notes from 9/29/2011 and 11/13/14 document the continuation of Ambien, which is in excess of short term usage. Given this, the currently requested Ambien is not medically necessary.