

Case Number:	CM14-0217450		
Date Assigned:	01/07/2015	Date of Injury:	09/28/2011
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 year old female injured her right hand at work on 28 Sep 2011. The mechanism of injury was not available for review. She has been diagnosed with reflex sympathetic dystrophy of the upper limb, chronic pain syndrome, depression and insomnia secondary to pain. Evaluation 24 Nov 2104 showed continued pain in her right arm which lessened with use of Norco. She continued to have difficulty falling asleep and staying asleep due to the pain but denied daytime sleepiness. Exam showed tenderness touch in right hand and normal psychiatric exam. Treatment has included right stellage ganglion block (24 Jan 2014 and 29 Sep 2014), physical therapy, home physical therapy, compression garment, TENS and medications (Norco, Ambien, Lunesta, Ducolax).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg tabs (Zolpidem tartrate) 1 tab PO qhs prn #30 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008;4(5):487-504

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia, defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and those results in some form of daytime impairment, is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications are used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. This patient has been taking zolpidem for longer than 6 months and is still experiencing frequent nighttime awakenings. A full evaluation for the etiology for her chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.