

<b>Case Number:</b>	CM15-0003592		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/29/1999
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 77-year-old male who reported an injury on 01/29/1999 due to an unspecified mechanism of injury. On 11/21/2014, he presented for a followup evaluation complaining of increased numbness and tingling into the bilateral upper extremities, especially the left hand and wrist. It was noted that his medications continued to be beneficial. His medications included Norco 10/325 mg 3 a day, Relafen 750 mg twice a day, Ambien 10 mg at night as needed, and Colace 100 mg 3 to 4 per day. It was noted that he received adequate analgesia with a pain level before medications being 7/10, and with medications a 1/10. They allowed him to do his activities of daily living and he did not report side effects other than constipation issues. A physical examination showed a mild Tinel's and a Phalen's to the bilateral hands and wrists and strong and equal hand grips. He was diagnosed as status post left shoulder arthroscopic surgery, history of 2 level cervical spinal fusion, history of bilateral carpal tunnel release, and chronic low back pain. The request was made for retrospective Ambien date of service 11/21/2014. The rationale for treatment was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 11/21/14 Ambien 10mg # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Treatment in Workers' Compensation, 5th Edition, Pain (Chronic)

**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.

**Decision rationale:** According to the Official Disability Guidelines, Ambien is recommended for the short term treatment of 7-10 days for those who are diagnosed with insomnia. Based on the clinical documentation submitted for review, the injured worker was not noted to have insomnia. Also, it is unclear how long he has been using this medication and without this information, continuing the medication would not have been supported, as it is only recommended for short term treatment of 7 to 10 days. Therefore, the requested medication is not supported. As such, the request was not medically necessary.