

Case Number:	CM15-0008141		
Date Assigned:	01/26/2015	Date of Injury:	09/27/2008
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
 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 59 year old male, who sustained an industrial injury on September 27, 2008. The diagnoses have included left elbow epicondylitis, status post left elbow surgery, insomnia, and history of depression. Treatment to date has included left elbow surgery, acupuncture, and medications. Currently, the injured worker complains of elbow pain, noting he did some extra yard work. The Primary Treating Physician's report dated November 12, 2014, noted tenderness to palpation at the medial epicondyle, getting worse, which was worse on the left side. No chronic swelling was noted in the elbow region, and flexion and extension of the digits of the hand did not cause pain referred to the elbow. On December 12, 2014, Utilization Review non-certified Ambien 10mg one tablet by mouth every bedtime quantity 30, noting there was no documentation of failure of conservative sleep care, or an assignment as to sleep and psychological pathology. The Official Disability Guidelines (ODG), Pain, last updated November 21, 2014, was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Ambien 10mg one tablet by mouth every bedtime quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, thirty count: 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 Chapter, Zolpidem (Ambien) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem

Decision rationale: The Injured Worker presents with a history of chronic lateral epicondylitis, insomnia and depression. The current request is for a 30 day supply of Zolpidem. The ODG guidelines state that Zolpidem is approved for the short-term (7 to 10 days) treatment of insomnia. In this case, the request is for a 1 month supply of Zolpidem. The current request for 4 weeks of Zolpidem is not within guidelines. Medical necessity has not been established and recommendation is for denial.