

Case Number:	CM15-0014101		
Date Assigned:	02/02/2015	Date of Injury:	01/26/2009
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 1/26/09. He has reported bilateral upper extremity injury. The diagnoses have included cervical radiculopathy, cervical spine multilevel degenerative disc disease, cervical spine post-operative changes with evidence of anterior fixation and interbody fusion, left cubital tunnel syndrome, left wrist carpal tunnel syndrome, right carpal tunnel syndrome, right trigger thumb, stress, anxiety, depression and possible sleep disorder. Treatment to date has included spinal surgeries, oral narcotic medications, physical therapy and a cane for ambulation. Currently, the injured worker complains of neck pain with limited range of motion, painful movement, constant elbow pain with painful movement and limited range of motion and bilateral wrist/hand pain with weakness and pain radiating to fingers. Physical exam performed on 12/15/14 revealed tenderness on palpation over the right volar wrist and right thumb, tenderness to palpation over the left volar wrist with atrophy and decreased sensation to light touch. On 1/12/15 Utilization Review non-certified Ambien 5mg #30. The MTUS, ACOEM Guidelines, was cited. On 1/21/15, the injured worker submitted an application for IMR for review of Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Ambien 5mg #30, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has neck pain with limited range of motion, painful movement, constant elbow pain with painful movement and limited range of motion and bilateral wrist/hand pain with weakness and pain radiating to fingers. The treating physician has documented tenderness on palpation over the right volar wrist and right thumb, tenderness to palpation over the left volar wrist with atrophy and decreased sensation to light touch. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5mg #30 is not medically necessary.