

Case Number:	CM15-0111976		
Date Assigned:	06/18/2015	Date of Injury:	07/22/2008
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 07/22/2008. The injured worker is currently able to work but not working due to non-industrial knee issues. The injured worker is currently diagnosed as having left ulnar nerve symptoms with normal electrodiagnostic studies, left wrist contusion/sprain resulting in chronic regional pain syndrome, and history of carpal tunnel syndrome status post release. Treatment and diagnostics to date has included normal electrodiagnostic studies, carpal tunnel release surgery, cervical epidural steroid injection, and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of left hand and wrist pain. She stated that she uses Ambien for nights when she cannot sleep and when she is not sleeping, she feels weak and pain increases. Objective findings include slightly puffer appearance to left hand and wrist but do not measure differently. The treating physician reported requesting authorization for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg (every night at bedtime), #20 with 2 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Pain was interfering with sleep rather than the claimant having a primary sleep disorder. Continued use of Zolpidem with 2 additional refills is not medically necessary.