

Case Number:	CM15-0112353		
Date Assigned:	06/18/2015	Date of Injury:	07/22/2010
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 58-year-old female who sustained an industrial injury on 07/22/2010. Diagnoses include ongoing right thumb trigger digit, status post carpal tunnel release. Treatment to date has included medications and surgery. According to the progress notes dated 5/1/15, the IW reported slight improvement in her thumb catching, popping and pain; the triggering was less problematic she had adapted to it. She had previously taken Ambien for sleep and feels the need for it again on occasion. On examination, she had good range of motion of the elbows, wrists and digits. There was still some very mild catching through the right thumb, minimal tenderness with direct palpation of the nodule along the flexor tendon sheath and mild tenderness through her forearms consistent with trigger points and myofascial irritation. Carpal compression testing was negative. A request was made for Ambien 5mg, #20 for occasional sleep problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #20: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia and documentation in a note from 5/1/15 that the patient has taken Ambien in the past. However, the specific duration of taking Ambien was not elucidated and it is unclear if there has been longer term use of Ambien in excess of guideline recommendations of 6 weeks. Given this, the currently requested Ambien is not medically necessary.