

<b>Case Number:</b>	CM15-0120595		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 55 year old male, who sustained an industrial injury on 07/19/2006. He has reported injury to the left ring finger. The diagnoses have included crushing injury of hand; status post irrigation/debridement and revision amputation, left middle and ring fingers, on 07/19/2006; left shoulder pain; left upper extremity complex regional pain syndrome; and major depression. Treatment to date has included medications, diagnostics, splinting, casting, injections, physical therapy, occupational therapy, and surgical intervention. Medications have included Norco, Fentanyl Patch, Neurontin, Voltaren Gel, Cymbalta, Mirtazapine, Desyrel, and Ambien. A progress note from the treating physician, dated 04/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of feeling tired and occasionally depressed and anxious; he reports that the medications do work well; and reports that Remeron is not as effective for sleep and would like to try a different medication. Objective findings included anxious mood; affect mood congruent; thought process is logical and coherent; alert and oriented; and has unimpaired judgment. The treatment plan has included the request for 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines 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. Since long-term use is not indicated and failure behavioral interventions is not noted, the continued use of Zolpidem (Ambien) is not medically necessary.