

Case Number:	CM15-0123188		
Date Assigned:	07/13/2015	Date of Injury:	10/07/2013
Decision Date:	08/11/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 33-year-old female, who sustained an industrial injury on 10/07/2013, resulting from cumulative trauma. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, nerve conduction velocity negative, bilateral cubital tunnel syndrome, cervical sprain/strain, and status post successful right hand carpal and cubital tunnel release. Treatment to date has included diagnostics, right carpal and cubital tunnel release on 3/05/2015, physical therapy, and medications. Currently, the injured worker complains of right wrist soreness with no further numbness. She reported left hand numbness and tingling, recurrent. Current medications included Tramadol, Neurontin, and Omeprazole. She last worked in 10/2013. A review of symptoms noted fatigue. The treatment plan included a left elbow cubital tunnel release, and post-operative medication to include Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - 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) Pain chapter Zolpidem.

Decision rationale: The patient is a 33-year-old female who was certified for left carpal and cubital tunnel release, as well as Norco for postoperative analgesia. A request had been made for Ambien/Zolpidem in the postoperative setting. From ODG, Zolpidem is recommended as a short-term treatment of insomnia. The patient has not been adequately documented to have a history of insomnia or current insomnia. Therefore, Ambien 10 mg #12 should not be considered medically necessary.