

Case Number:	CM15-0174167		
Date Assigned:	09/16/2015	Date of Injury:	11/02/1998
Decision Date:	10/16/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 67 year old male, who sustained an industrial injury, March 25, 2004. According to progress note of May 5, 2015, the injured worker's chief complaint was right shoulder pain rated 5 out of 10. The right knee pain was rated 5 out of 10. The left knee pain was rated 5 out of 10. The left shoulder pain was rated 6 out of 10. The cervical spine pain was rated 6 out of 10. The physical exam noted the cervical spine was 75% of full with pain noted particularly in the chin to ceiling and chin to the shoulders. The bilateral shoulders showed negative Neer's and negative 90 degree cross over impingement testing. The Apley's and Hawkin's testing were positive. There was a weak abduction against resistance. There was full range of motion in the bilateral knees. The injured worker was undergoing treatment for status post right middle finger trigger release surgery times 5, status post right carpal tunnel release, right hand paresthesias, trigger finger of the right 2nd, and third fingers, right knee chondromalacia patellae, left shoulder chronic subdeltoid bursitis, cervical musculoligamentous sprain and or strain, bilateral knee degenerative joint disease and right shoulder subacromial spur. The injured worker previously received the following treatments Tramadol, Ambien 10mg at hour of sleep since March of 2015. The RFA (request for authorization) dated the following treatments were requested a prescription for Zolpidem Tartrate (Ambien) 10mg at hour of sleep as needed. The UR (utilization review board) denied certification on August 5, 2015: the request for Zolpidem Tartrate due to recommended use was 2-6 weeks, there for not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem (Ambien) 10 mg is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis are status post right middle finger trigger release surgery times five; status post right carpal tunnel release; right-hand paresthesias; and trigger finger right second and third fingers. Date of injury is March 25th 2004. Request for authorization is July 27, 2011. The medical record contains 38 pages and to progress. The first progress note dated March 23, 2015 indicates current medications are Ambien and tramadol. There was no documentation indicating insomnia or sleep disturbance. According to the progress and status August 11, 2015, subjectively the injured worker complained of wrist and hand pain. There was no documentation of insomnia or sleep disorder. The treating provider continued Ambien 10 mg. Treatment plan contained a request for Ambien 10 mg #30 with two refills. Ambien is recommended for short-term (7-10 days). There are no compelling clinical facts in the medical record to support ongoing Ambien. The treating provider continued Ambien, at a minimum, in excess of five months. The start date is not specified in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, Ambien continued in excess of five months with guideline recommendations for short-term (7-10 days) use, and no documentation demonstrating objective functional improvements, Zolpidem (Ambien) 10 mg is not medically necessary.