

Case Number:	CM15-0072404		
Date Assigned:	04/22/2015	Date of Injury:	07/19/2006
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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 54 year old male who sustained an industrial injury on 7/19/2006. His diagnoses, and/or impressions, included: left shoulder pain; complex regional pain syndrome of the left upper extremity; chronic pain syndrome; status-post left middle and ring finger amputation, with severe neuropathic pain and phantom pain; major depression, recurrent and in partial remission; insomnia; and anxiety. Recent magnetic resonance imaging studies of the left shoulder is stated on 9/19/2014. His treatments have included surgical intervention; psychiatric treatments; stellate ganglion block (2/3/15) with a 50-80% improvement in pain and functionality; a right stocking glove; home exercise program; and medication management. Progress notes of 3/25/2015 reported neck pain into the bilateral upper extremities; constant left upper extremity pain with muscle weakness and numbness, and associated with insomnia and itching (phantom sensation) of the missing fingers; insomnia with depression from the ongoing pain which is stable with medications; and mild constipation. The pain is severe without medications, and moderate with medications, unchanged since his last visit. Also noted were limitations in his activities of daily living, sleep and sex, due to pain, and that he states his quality of life is improved from his treatments. The physician's requests for treatments were noted to include Ambien for the treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, thirty count: 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- insomnia medication- Pain chapter 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 (Ambien) 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. Failure of behavioral interventions is not noted. Continued use of Zolpidem (Ambien) is not medically necessary.