

Case Number:	CM15-0092386		
Date Assigned:	05/19/2015	Date of Injury:	04/04/2014
Decision Date:	06/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/13/2015

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

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 48-year-old female, who sustained an industrial injury on 4/04/2014. Diagnoses include cervical sprain/strain, cervical radiculopathy, herniated nucleus pulposus and bilateral carpal tunnel syndrome with positive electrodiagnostics (non-industrial). Treatment to date has included medications including Hydrocodone, Cyclobenzaprine and Tramadol, stretching, heat application, home exercise and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/17/2015 the injured worker reported cervical pain rated 7/10, right wrist/hand pain rated 5/10, left wrist/hand pain rated 6/10 and insomnia due to wrist/hands. Physical examination of the cervical spine revealed flexion 50 degrees, extension 20 degrees, left and right lateral tilt 30 degrees and left and right rotation 60 degrees. Spurling's test was positive. There was tenderness and spasm of the paraspinal musculature. The plan of care included medications and authorization was requested for Hydrocodone/APAP 10/325mg #60 and Zolpidem Tartrate (Ambien) 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg, #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, Pain Chapter, 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) Mental Illness and Stress Chapter, Ambien/Zolpidem.

Decision rationale: Per the 04/14/15 report, the requesting physician states that the patient presents with bilateral wrist/hand pain rated 5-6/10. The current request is for ZOLPIDEM TARTRATE 10 mg #30 Ambien. The RFA is not included; however, the 04/08/15 utilization review states it is dated 03/30/15. The patient is Temporarily Totally Disabled. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In reports from 02/17/15 to 03/17/15 the treater states the patient complains of insomnia as the result of the wrists and hands, and states on 04/15/15 that Ambien helps sleep and that the patient consumes Ambien CR. There is no evidence the patient was prescribed Ambien/Zolpidem or Ambien CR prior to 04/15/15. In this case, it appears that the patient started Ambien 03/30/15. The ODG guidelines state Zolpidem is indicated for 7-10 days use for difficulty of sleep onset, and the requested #30 suggests longer use. Furthermore, the treater does not state use of the medication is for the short-term or that the patient's insomnia is for difficulty of sleep onset. The request IS NOT medically necessary.