

<b>Case Number:</b>	CM13-0033673		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female who reported an injury on 10/25/2011. The mechanism of injury was stated to be the patient was having a difficult conversation with her supervisor and became very anxious and shaky, felt numbness in her hands and feet, was sitting in a rolling chair and fell to the floor kicking and screaming injuring her right shoulder and hitting her head as she fell. The patient was noted to undergo an arthroscopy of the right shoulder including a debridement of the rotator cuff, lysis of adhesions/synovectomy, subacromial decompression, partial claviclectomy, partial acromionectomy, and manipulation of the shoulder on 05/08/2013. The patient's diagnosis was noted to be adhesive capsulitis and the request was made for Ambien 5 mg, QTY: 15 for occasional use only for sleeplessness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, QTY: 15 for occasional use only for sleeplessness:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the necessity for the medication. There was a lack of documentation indicating the patient had difficulty sleeping. Given the above and the lack of documentation, the request for pharmacy purchase of Ambien 5 mg, QTY: 15 for occasional use only for sleeplessness is not medically necessary.