

Case Number:	CM13-0037558		
Date Assigned:	12/18/2013	Date of Injury:	06/14/2001
Decision Date:	03/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 63-year-old female who reported a work-related injury on 06/14/2001 due to a trip and fall in which she injured her right upper extremity. The patient reported she also developed problem with her left upper extremity from compensatory overuse. The patient has undergone conservative treatment to include injections, physical therapy sessions, and multiple pain medications. MRI of the patient's left shoulder revealed evidence of severe supraspinatus tendinosis with partial thickness tearing. Recent clinical documentation stated the patient wanted to continue on with conservative treatment to include physical therapy, home exercise, and pain management. A request has been made for Ambien 10 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #45: 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, Zolpidem.

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 Official Disability Guidelines state the zolpidem or Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia, which is usually 2 to 6 weeks. Guidelines further state that due to adverse effects, the FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. There is no recent clinical documentation submitted indicating the patient had complaints of insomnia. The patient was noted to be taking Ambien since at least 11/2009 per submitted documentation. There were no functional improvements noted for the patient due to the use of Ambien. Guidelines state that Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset and is recommended for 7 to 10 days. As such, the request for Ambien 10mg tab #45 is non-certified.