

<b>Case Number:</b>	CM13-0039171		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Illinois. 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 injured worker is a 37-year-old male who reported an injury on 10/07/2007 after he restrained an inmate, which caused a sudden onset of pain to the right shoulder. The injured worker underwent right shoulder surgical intervention in 08/2010. The injured worker developed chronic pain that was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. On 08/20/2013 it was documented that the injured worker's medication schedule included Zolpidem to assist with insomnia related to chronic pain, and acetaminophen with codeine. The injured worker's most recent clinical evaluation documented that the injured worker had persistent pain of the right shoulder that benefitted from medications. Physical findings included continued loss of range of motion with tenderness to palpation over the anterior acromioclavicular joint with mild weakness. The injured worker's diagnoses indicate status post right shoulder arthroscopy times 2, residual rotator cuff tear, labral tear, and myofascial pain syndrome. The injured worker's treatment plan included continuation of medications and continuation of Ambien due to an increase in sleep patterns from 6 to 8 hours to 3 to 4 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #120:** 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) Treatment in Workers Comp 2012.

**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, section on Insomnia Treatments.

**Decision rationale:** The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 08/2013 to assist with insomnia-related complaints. Official Disability Guidelines do not recommend the long-term use of this medication due to high incidences of physiological and psychological dependence. As the clinical documentation indicates that the injured worker has been on this medication for an extended duration, continued use would not be supported. Although the injured worker has received assistance from this medication to increase sleep duration, this medication is only recommended for short-term use. The documentation does not indicate that the injured worker has been transitioned off this medication and has failed to respond to nonpharmacological treatments. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Zolpidem 10 mg is not medically necessary or appropriate.