

<b>Case Number:</b>	CM13-0041738		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/01/1994
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 60-year-old female with reported injury date on 08/03/1998 and 07/08/1994; the mechanism of injury was not provided. The clinical note dated 09/11/2013 noted that the patient has ongoing symptomatology of the shoulder and arms. Upon examination of the cervical spine it was noted that the injured worker had pain at the occiput, trapezius tenderness, and pain on palpation and compression of the scapula. It was also noted that there was pain on scapular retraction. During an examination of the bilateral shoulders, it was noted that there was tenderness and bilaterally decreased sensation in the ulnar distribution on both sides. The diagnoses include bilateral shoulder impingement syndrome, bilateral thoracic outlet syndrome, cervical discopathy, and bilateral upper extremity neuropathy. The treatment plan noted that the injured worker uses thirty (30) Ambien every three (3) months. The request for authorization for Ambien 10 mg #30 was submitted on 09/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF ZOLPIDEM 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 (ODG) Pain (Chronic).

**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 (Ambien).

**Decision rationale:** The Official Disability Guidelines state that zolpidem may be approved for the short-term use, usually two to six (2 to 6) weeks, for the treatment of insomnia. It can be habit forming, and may impair function and memory and can increase pain and depression over the long-term. There is lack of evidence provided that the injured worker has symptomatology that would benefit from the use of this medication. Additionally, the treatment plan does not address why the injured worker is currently being prescribed this medication. Furthermore, it is unknown how long the injured worker has been prescribed this medication as guidelines do not recommend long-term use. As such, this request is not medically necessary.