

<b>Case Number:</b>	CM13-0053562		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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 patient is a 45 year old woman who sustained a work-related injury on April 21, 2013. Subsequently the patient developed with chronic neck and right shoulder pain as well as elbow and right wrist pain. According to the note dated on September 13, 2013, the patient was complaining to of dull aching pain in the neck and right shoulder and elbow as well as a right wrist and hand. Her physical examination demonstrated right shoulder and neck tenderness with reduced range of motion. The patient underwent a right shoulder arthroscopy on July 34 2013. The patient was diagnosed with cervical spine strain, right lateral elbow tendinitis and right wrist strain. The provider requested authorization to prescribe Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 1PO QHS QTY 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

**Decision rationale:** According to the Official Disability Guidelines (ODG), "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien® and Ambien® CR), Zaleplon (Sonata®), and Eszopiclone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency." Based on the medical records provided for review there is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long term use to treat sleep problems. There is no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien is not medically necessary and appropriate.