

Case Number:	CM14-0002951		
Date Assigned:	01/24/2014	Date of Injury:	04/26/2013
Decision Date:	08/01/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty Interventional Spine 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 58 year old male with an injury date of 04/26/13. Based on the 06/10/13 progress report, provided by [REDACTED] the patient complains of frequent pain in his right shoulder, becoming sharp and shooting or dull and achy. His pain travels to his right shoulder blade and right arm down to the hand. He also has a mild grinding sensation in his shoulders as well as episodes of numbness and tingling in his right hand, thumb and fingers. He has difficulty sleeping and awakens with pain and discomfort. The patient's diagnoses include the following: Lumbar sprain; Shoulder sprain/strain shoulder; Shoulder tendinitis. [REDACTED] is requesting for Ambien 10 mg. The utilization review determination being challenged is dated 12/13/13. [REDACTED] is the requesting provider and he provided treatment reports from 06/06/13- 08/19/13. The utilization review determination letter mentioned two reports, 10/30/13 and 12/09/13, which were not provided in this file.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG: 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: Official Disability Guidelines (ODG), Zolpidem (Ambien), Insomnia.

Decision rationale: According to the 06/10/13 report by [REDACTED], the patient presents with frequent pain in his right shoulder, becoming sharp and shooting or dull and achy. His pain travels to his right shoulder blade and right arm down to the hand. The request is for Ambien 10 mg. The report with the request was not provided and it is unknown if the patient has been taking Ambien between 08/19/13 (the last report provided) and 12/13/13 (the utilization review determination date). The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Due to lack of documentation, it is unknown if the patient has recently took Ambien. Therefore, Ambien 10 mg is not medically necessary.