MAXIMUS Federal Services

Case Number:	CM14-0005165		
Date Assigned:	01/24/2014	Date of Injury:	12/17/2006
Decision Date:	06/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 in Pain Management, 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:

This is a female patient with a date of injury of December 17, 2006. A progress note dated December 4, 2013 identifies subjective complaints of left shoulder pain and an ankle injury due to a car accident. Physical examination identifies evidence of adhesive capsulitis of the left shoulder with limited range of motion, pericapsular tenderness, acromioclavicular joint pain and limited mobility, and intact neurological status. Diagnoses include status post reduction internal fixation due to left proximal humerus fracture, chronic regional shoulder girdle myofascial pain, and left shoulder adhesive capsulitis. The treatment plan recommends the application of heat and ice for the left ankle strain; cessation of the use of crutches; refill of 60 Norco 5/325mg, one every 6-8 hours; 60 Diclofenac 75mg, one by mouth twice daily; and 30 Ambien 10mg, one by mouth at that time. A progress note dated July 17, 2013 identifies subjective complaints of difficulty sleeping due to awakening secondary to shoulder pain because of having slept on the shoulder, and left shoulder pain. A progress note dated December 5, 2012 identifies subjective complaints of difficulty staying in falling asleep secondary to pain and no overall improvement of pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 AMBIEN 10 MG WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS guidelines are silent regarding the use of sedative hypnotic agents, so alternative guidelines were used. The Official Disability Guidelines recommend the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state that the failure of sleep disturbances to resolve in 7-10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there are no recent subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. As such, the request is not medically necessary.