

Case Number:	CM14-0106162		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2013
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation 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 57 year old male who reported an injury on 07/02/2013. The mechanism of injury is not reported in the submitted documentation. The injured worker has a diagnoses of status post arthroscopy with coplaning of the clavicle, high partial-thickness supraspinatus tear caudad surface with significant delamination as per 03/14/2014, magnetic resonance scan, persistence subacromial bursitis, long head bicipital tendonitis and adhesive capsulitis. The injured worker's past treatment includes Supartz injections, physical therapy, a home exercise program, Depo-Medrol injections to the left shoulder and medication therapy. Diagnostics include an MRI of the left shoulder that was done on 04/14/2014. The injured worker underwent left shoulder arthroscopy with coplaning of the clavicle on 12/10/2013. The injured worker complained of subacromial bursa. He rated the pain at 8/10. He stated that it pops and grinds and when he gets in specific areas and ranges, he has piercing pain in his shoulder. Physical examination dated 05/19/2014 revealed that the injured worker's left shoulder had point tenderness in the coracoid process tip region as well as the subacromial bursa region. Range of motion was limited with flexion being 0 degrees to 150 degrees and abduction being 0 degrees to 90 degrees. Medications for the injured worker include Percocet 10 mg and Norco 10/325 mg. The duration and the frequency were not submitted in the request. The treatment plan was for the injured worker to continue zolpidem 5 mg. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg, 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, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

Decision rationale: The request for Zolpidem 5mg, quantity 30 is not medically necessary. The injured worker complained of subacromial bursa. He rated the pain at 8/10. Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting non benzodiazepine hypnotic appropriate for the short-term treatment of insomnia, generally 2 weeks to 6 weeks. It is unclear as to why Zolpidem is being requested. The submitted reports had no mention of the injured worker suffering from insomnia. There was no evidence of the injured worker having trouble sleeping or waking throughout the night. The Official Disability Guidelines stipulate that this medication should be short-term, generally 2 weeks to 6 weeks. The submitted request did not specify a frequency of the requested medication. Given the above, the injured worker is not within the Official Disability Guidelines. As such, the request for zolpidem 5 mg is not medically necessary.