

<b>Case Number:</b>	CM14-0045162		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Family Practice 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 53 year old female claimant who sustained a work injury on 10/22/04 involving the neck, shoulders and back. She had ultimately undergone an anterior cervical fusion and a right shoulder surgery with arthroscopy for supraspinatus tendon tears bilaterally. A progress note on October 24, 2013 indicated neck and bilateral shoulder pain. Range of motion was limited in the neck as well as both shoulders. In March 2014, a request was made for ibuprofen 800 milligrams twice a day and Zolpidem 10 mg twice a day. Indications for use were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and pg 67 Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs such as Ibuprofen are recommended as an option for short-term symptomatic relief. They are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Recent clinical notes

were not provided to indicate the current use of Ibuprofen. Therefore Ibuprofen is not medically necessary.

**Zolpidem 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Disability Duration Guidelines, Stress & Mental Illness Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications.

**Decision rationale:** According to the ODG guidelines, Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. There is no mention of sleep disturbance. The indication for Zolpidem use is not provided. No recent clinical notes are available. Their request for Zolpidem is not medically necessary.