

Case Number:	CM14-0048887		
Date Assigned:	06/25/2014	Date of Injury:	04/02/2012
Decision Date:	07/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The patient is a 42 year old woman who was injured while at work on 4/2/2012. The injuries were sustained as the result of an assault and involved her right shoulder and upper extremity. The medical records corroborate her ongoing medical care for this injury. This includes a March 26, 2013 Comprehensive Orthopedic Re-Evaluation. In this note, the patient presented for evaluation of her right shoulder injury. The diagnoses after this evaluation included: Status Post Right Shoulder Dislocation; History of Loss of Consciousness From the Patient's Attack; Severe Anxiety/Depression and Suicidal at Times; Right Shoulder Weakness with Possible Rotator Cuff Tear; Severe Claustrophobia; and Emotional Instability Secondary to Work Injury. Her ongoing medical regimen included: Prozac, Ambien, Prilosec, Topical Analgesics, Gabapentin, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines do not comment specifically on the use of Ambien for insomnia. The Official Disability Guidelines comment on the use of medications for insomnia. They indicate that medications such as Ambien, short-acting non-benzodiazepine hypnotics, are approved for short-term use (usually two to six weeks) for the treatment of insomnia. These agents are not approved for long-term use as they can be habit forming and may impair function and memory. They may also increase pain and depression over time. Therefore, given that the duration of use in this case exceeds the recommended limit, the use of Ambien is not considered as medically necessary.