

Case Number:	CM14-0049278		
Date Assigned:	06/25/2014	Date of Injury:	09/10/2012
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 and is licensed to practice in Nevada. 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 60-year-old male who was reportedly injured on September 10, 2012. The mechanism of injury was noted as a slip and fall. The most recent progress note dated October 24, 2013, indicated that the injured employee has sustained a proximal humerus fracture. A hemiarthroplasty was performed, and the injured employee participated in postoperative physical therapy and developed adhesive capsulitis necessitating a second surgery. There are current complaints of a stiff and painful right shoulder. The physical examination demonstrated moderate atrophy around the right shoulder and decreased right shoulder range of motion. There were right shoulder weakness and decreased sensation throughout the right upper extremity. No diagnostic studies were reported for review. Current treatment involves medication management and no future surgery was recommended. A request was made for Ambien and was not certified in the per-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg at hour of sleep # 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: Non-benzodiazepine sedative-hypnotics (benzodiazepine-receptors agonists).

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, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of Ambien is indicated for short-term usage(usually 2 to 6 weeks) for the treatment of insomnia and is not recommended for long-term use. A review of the attached medical record indicated that the injured employee has been previously prescribed Ambien, and this is a request for another 60 tablets. Considering this, the request for Ambien 5mg, 60 tablets is not medically necessary.