

Case Number:	CM14-0062556		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2012
Decision Date:	09/23/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on October 10, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 28, 2014, indicates that there are ongoing complaints of right shoulder pain. Current medications include Celebrex, Prilosec, Ultram, Norco, and Ambien. The physical examination demonstrated atrophy, stiffness, and limited range of motion of the right shoulder. Diagnostic imaging studies were not reviewed during this visit previous treatment includes a right shoulder arthroscopy and postoperative physical therapy. A request had been made for Ambien 10 mg and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #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 (ODG) Pain updated 03/18/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. A review of the attached medical record indicates that the injured employee has been prescribed Ambien for an extended period of time and this request is for another two months' worth. As such, this request for Ambien is not medically necessary.