

<b>Case Number:</b>	CM14-0066092		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 52-year-old male who was reportedly injured on 8/24/2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/7/2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, and hand pain. The physical examination demonstrated cervical spine limited range of motion, positive compression sign on the right, muscle spasm in the right superior trapezius, well circumscribed trigger point with evidence on palpation of the twitch response as well as referred pain, and positive tenderness to palpation in the right scapular region diffusely. Right shoulder had limited abduction of 100 bilaterally. Muscle strength was 4/5 of the shoulder/elbow. Right hand had mild swelling of all digits. Pain was with percussion of medial condyle. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy and referral to pain management, medications, and conservative treatment. A request had been made for Ambien 5mg #30 and was not certified in the pre-authorization process on 3/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem (Ambien) 5 mg Tab 30 Tab:** 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), Treatment Index, 11th Edition (web), 2013, Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ambien (updated 07/10/14).

**Decision rationale:** Ambien (Zolpidem) 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. After review of the medical documentation provided, there was no indication of the need for this medication. Therefore, this request is not medically necessary.