

Case Number:	CM14-0074809		
Date Assigned:	07/16/2014	Date of Injury:	12/11/2013
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/22/2014

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 43-year-old gentleman was reportedly injured on December 11, 2013. The mechanism of injury was noted as a physical altercation. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of right shoulder pain. The injured employee complained of difficulties with activities of daily living. There were also complaints of lower back and left knee pain. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles with spasms. There were decreased lumbar spine range of motion and a negative straight leg raise test. A lower extremity neurological examination was normal. The physical examination of the right shoulder noted slight atrophy of the shoulder girdle and decreased range of motion. There were a positive Neer's test and a positive thumbs down sign. There was decreased strength with abduction and forward flexion. Physical examination of the left knee noted a mild effusion and tenderness over the medial joint line. Range of motion was from 0 to 120 and there was a positive McMurray's test. There was a plan for right shoulder surgery. Diagnostic imaging studies of the brain was normal. An MRI of the right shoulder revealed a partial thickness tear of the supraspinatus and infraspinatus tendons as well as acromioclavicular joint osteoarthritis. Previous treatment is unknown. A request had been made for Ambien and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation - Work Loss Data Institute, 5th Edition, 2007 or current year, 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) Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: 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 recent progress note, dated May 8, 2014, recommended refills of Ambien. The guidelines specifically do not recommend Ambien for long-term use for chronic pain. As such, this request for Ambien is not medically necessary.