

<b>Case Number:</b>	CM13-0044806		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/14/2004
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 41-year-old who reported an injury on 11/14/2004 after an [REDACTED]. [REDACTED] The injured worker's treatment history included multiple left shoulder surgeries, physical therapy, activity modifications, and medications. The injured worker was evaluated on 08/22/2013. It was documented that the injured worker had symptoms of anxiety related to chronic pain. It was noted that the injured worker was waiting authorization approval for an additional left shoulder surgery. Physical findings of the left shoulder included atrophy of the musculature, crepitation with range of motion and significant weakness with a positive impingement test, positive O'Brien's test and positive drop arm test. The injured worker's diagnoses included cervical spine sprain/strain, left shoulder impingement syndrome, right carpal tunnel syndrome. The injured worker's treatment plan included a psychiatric evaluation, continued medications, and the use of Ambien for a stronger sleep aid secondary to interrupted sleep patterns related to chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: ZOLPIDEM TARTRATE 10MG #30 (DISPENSED ON 8/22/2013):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 11/06/12), 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) Pain Chapter, Insomnia Treatment.

**Decision rationale:** The retrospective review for Zolpidem Tartrate 10mg #30 dispensed on 8/22/2013 quantity 1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address insomnia related to chronic pain. Official Disability Guidelines recommend pharmacological intervention for a short period of time and if non pharmacological interventions have failed to provide sufficient pain relief. The clinical documentation submitted for review does not provide an adequate assessment of interrupted sleep patterns related to chronic pain to support pharmacological intervention. Additionally, there is no documentation that the injured worker has failed to respond to non pharmacological measures that would require medication intervention. As such, the retrospective review for Zolpidem Tartrate 10mg #30 dispensed on 8/22/2013 quantity 1 is not medically necessary or appropriate.