

Case Number:	CM14-0191598		
Date Assigned:	11/24/2014	Date of Injury:	03/17/2011
Decision Date:	01/22/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine, and is licensed to practice in New York. 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 claimant is a 37-year old man injured 3/17/11. He has shoulder pain. He is appealing the decision to deny Ambien 10 mg, 30 tablet. He has had left shoulder surgery, in addition to carpal tunnel release, and cubital tunnel release, without resolution of his pain. His doctor states he needs the Ambien because of post-op pain disturbing his sleep cycle. He said that he can get an additional 4 hours of sleep with the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

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 (Ambien) and Insomnia Treatment

Decision rationale: Zolpidem is only recommended for 7-10 days for treatment of insomnia, per ODG, specifically latent sleep onset. Long-term use has been associated with greater pain levels

and depression. The CA MTUS is silent regarding insomnia treatment. The Ambien 10mg #30 with no refills is not medically necessary.