

<b>Case Number:</b>	CM14-0192349		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	07/30/1994
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This is a 54 years male patient who sustained an injury on 6/2/19997. He sustained the injury while lifting a heavy storage bin. The current diagnoses include chronic neck pain with radiculopathy, status post cervical spine surgeries, status post right shoulder surgery, bilateral carpal tunnel syndrome and degenerative arthritis of the left knee. Per the doctor's note dated 11/3/14, he had complaints of cervical pain with radiation to the both arm with tingling and numbness, knee pain, shoulder pain, mid back pain and low back pain. The physical examination revealed hold his neck in a fixed position, 4+/5 strength in right shoulder abductors, tenderness to paracervical and facet capsule on deep palpation and pain with rotation and extension, decrease inrange of motion, point tenderness of paracervical hardware and general significant myofascial pain mainly in the upper thoracic, tenderness to palpation of the occipital and lumbar paraspinal muscles triggering the headache with palpation., tenderness to palpation over the facets as well and reduced range of motion of the cervical spine and potential for Xerosterrna and TM joint. Per the doctor's note dated 11/13/14, he had nociceptive, neorpathic, muscle spasm and inflammatory pain. The physical examination revealed BP- 160/90 mmHg and weight 234 pounds. The medications list includes ambien CR, avalide, dexilant, DSS sodium, fentanyl, imitrex, lidoderm patch, morphine sulphate, naprosyn, nortriptyline, percocet, senna and topical testosterone. Per the records patient Zolpidem did not help. He has had MRI right shoulder which revealed a SLAP tear dislocation of the bicep tendon medially, a partial undersurface tear of the subscapularis tendon with approximately 40% of normal tendon thickness remaining, focal partial intrasubstance tear along with the posterior aspect of the supraspinatus tendon, supraspinatus and infraspinatus tendinopathy, small glenohumeral fusion, small amount of subacromial and subdeltoid fluid and degenerative changes of the right shoulder. He had

undergone cervical fusion, right shoulder surgery for impingement. He has had physical therapy visits and cervical medial branch block for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien CR12.5mg 1 po Tab #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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 12/31/14), Zolpidem (Ambien®).

**Decision rationale:** Ambien contains Zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, Zolpidem is approved for short-term use only and per the records patient Zolpidem did not help. The medical necessity of Ambien CR12.5mg 1 po Tab #30 is not fully established for this patient at this time.