

<b>Case Number:</b>	CM14-0193927		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 & Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 07/27/09 when he injured his right upper extremity and left knee after slipping and falling at work. Treatments included right rotator cuff surgery in 2010. He was seen on 06/10/14. He was having shoulder pain rated at 4-5/10. Imaging results were reviewed. He had been authorized for physical therapy for his knee. On 08/05/14 he was improving with therapy. Continued therapy was recommended. He was seen on 12/18/14 for psychology follow-up. He had ongoing depression and anxiety. He was having difficulty sleeping. In February 2014 he was sleeping 10 hours per night. He was now sleeping 5-6 hours per night. He was noted to be irritable, angry, and withdrawn. Medications were Prozac 40 mg, Atarax 25 mg, and Ambien CR 12.5 mg. Authorization for Cognitive Behavioral Therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg 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- Zolpiderm (ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for shoulder and knee pain. He has depression, anxiety, and insomnia. Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien CR is not medically necessary.