MAXIMUS Federal Services

| Case Number: | CM15-0002521 | | |
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| Date Assigned: | 01/13/2015 | Date of Injury: | 06/26/2010 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

## 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

## 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 57 year old male, who sustained an industrial injury on 06/26/2010. He complained of chronic pain in left shoulder and low back area. On physician progress note dates 11/17/2014 the injured worker was post-operative surgery on left shoulder. His diagnosis included derangement of left shoulder and left sciatica. Treatment plan include prescriptions for Norco, Ambien, and Butrans. Per submitted documentation the injured worker has taken Ambien as directed in the past. On 12/23/2014 Utilization Review non-certified/modified Ambien CR 12.5 mg #30. The ODG Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 mg # 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) Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien CR

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien CR 12.5 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic is recommended for short-term (7 to 10 days) treatment of insomnia. It can be habit forming and may impair function and memory more than opiate pain relievers. They may increase pain and depression over the long-term. Ambien CR is approved for chronic use, but the chronic use of hypnotics in general is discouraged. Ambien CR causes a greater frequency of dizziness, drowsiness and headache compared to immediate release Ambien. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 milligram for extended-release products (Ambien CR).In this case, the injured worker's working diagnoses are insomnia secondary to pain them: sciatica; and post operative left shoulder. Subjectively, the injured worker stated "I just had surgery October 25, 2014 to the left shoulder". Objectively, the surgical site as well healing, there are no signs or symptoms of infection, and range of motion is 90 flexion. The injured worker is taking Norco 10/325 mg, ibuprofen 800 mg, Ambien 10 mg, and Butrans patch 20mcg/hr. The treating physician requested Ambien CR 12.5 mg. The guidelines recommend lowering the dose from 12.5 mg Ambien CR 6.25 mg. Additionally, the chronic use of hypnotics is generally discouraged. Consequently, according to the guidelines Ambien CR should be reduced from 12.5 mg to 6.25 mg and hypnotics in general are discouraged in chronic use. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ambien CR 12.5 mg #30 is not medically necessary.