

<b>Case Number:</b>	CM15-0004257		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58-year-old female who reported an injury on 10/28/2009. The mechanism of injury was not provided. Other therapies included cognitive behavioral therapy and physical therapy, as well as acupuncture. There was a Request for Authorization submitted for review dated 12/23/2014. The documentation of 12/09/2014 revealed the injured worker had complaints of right shoulder pain and had a poor quality of sleep. The injured worker's medications were noted to include Ambien 5 mg 1 by mouth at bedtime, Wellbutrin XL 150 mg 1 tablet daily, Percocet 10/325 mg 1 to 2 tablets by mouth as needed, and Valium 10 mg 1 daily. The physical examination revealed movements were restricted in the right shoulder and the shoulder crossover test was positive. The Hawkins test was positive. The examination of the right hand revealed a positive Finkelstein's. The diagnoses included myalgia and myositis, not otherwise specified; brachial neuritis or radiculitis, not otherwise specified; and pain in the joint of shoulder. The treatment plan included right shoulder chiropractic/massage recommendation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #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) Treatment in Workers' Comp

**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, zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate that Ambien is recommended for the short term use of 7 to 10 days for the treatment of insomnia. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The injured worker indicated that they had a poor quality of sleep. As such the objective functional benefit was not proven. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 5 mg #30 is not medically necessary.