

<b>Case Number:</b>	CM15-0006094		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 female patient, who sustained an industrial injury on 07/23/2009. A primary treating office visit dated 12/04/2014 reported a change in the patient's condition, change in work status and a need for referral or consultation. Subjective reporting found her with increased pain in the neck and right shoulder. She is currently off from work. The symptoms are worsened with motion and lessened by nothing. Objective findings showed range of motion to the neck restricted with flexion at 30 degrees, extension at 45 degrees, lateral flexion bilateral at 20 degrees and no evidence of muscle weakness. There was noted tension of the right trapezius muscle along with tenderness at the right biceps tendon and rotator cuff. She is diagnosed with pain in joint shoulder, cervical strain/sprain, muscle spasm of neck and cervical radiculopathy. The expected maximum medical improvement date 12/15/2014. Plan of care involved ordering a STAT MRI of shoulder and neck, continue medications and remain off from work. On 12/09/2014 Utilization Review non-certified the request for psychotherapy visit with medical management and Zolpidem, noting CA MTUS Chronic Pain, anti epileptic drugs and Official Disability Guidelines Mental Illness/Stress were cited. The injured worker submitted an application for independent medical review .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Zolpidem 10mg #30 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation ODG Pain Chapter, Zolpidem (AmbienA)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien FDA approved package insert

**Decision rationale:** The patient is a female and the request is for long term use of Ambien 10 mg tablets #30 plus two refills. Relatively recently, within months, the FDA noted that for female patients taking a dose of 10 mg increases the blood level and recommended that the highest dose of female that can be safely administered is 5 mg. The requested dose of 10 mg HS is not safe for females. Also, long term use as requested for 90 days is not consistent with the package insert indications for safety. The requested Ambien 10 mg tablets are not medically necessary.