

<b>Case Number:</b>	CM15-0102950		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 67 year old male who sustained an industrial injury on 8/6/07. The mechanism of injury was unclear. He currently complains of bilateral shoulder pain. His pain level is 9/10 without medication and 5/10 with medications. He has decreased range of motion of both shoulders. He is able to perform activities of daily living independently with medications and walks for 30-45 minutes per day. Medications are Norco, Relafen, Zolof, Tramadol, Colace, Lactulose, and Ambien. He had a urine drug screen 10/30/14 and results were consistent with prescribed medications. Diagnoses include chronic left shoulder pain, status post lysis of adhesions (11/2008), rotator cuff repair, subacromial decompression, biceps tendinotomy and labral debridement; (2/12/08); status post right shoulder surgery (11/2010). In the progress note dated 5/4/15 the treating provider's plan of care included refills on current medications including Ambien as per the injured worker, he would not be able to sleep through the night without the Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #60:** 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), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

**Decision rationale:** ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Ambien 10 mg #60 is not medically necessary as Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).