

Case Number:	CM15-0103548		
Date Assigned:	06/08/2015	Date of Injury:	11/26/2005
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on November 26, 2005. She reported left shoulder pain and low back pain. The injured worker was diagnosed as having internal derangement of the left shoulder and mechanical low back pain. Treatment to date has included diagnostic studies, conservative care, medications and chiropractic care. Currently, the injured worker complains of continued left shoulder pain and low back pain. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 16, 2014, revealed continued pain with good pain relief from medications. Evaluation on March 3, 2015, revealed continued pain as noted. She reported "nice" pain relief with medications. It was noted she was able to work with the current treatment plan. Ambien was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg HS #30 with 4 refills (Ambien): 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), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 11/28/05 and presents with shoulder and back pain. The request is for Zolpidem 10 mg HS #30 with 4 refills. The RFA is dated 04/26/15 and the patient's work status is not provided. The patient has been taking Zolpidem as early as 05/08/14. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use 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. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." The reason for the request is not provided. The patient is diagnosed with internal derangement of the left shoulder and mechanical low back pain. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the patient has been taking this medication since 05/08/14 which exceeds the 7 to 10 day limit indicated by ODG Guidelines. In this case, this medication has been used on a long-term basis which is not recommended by ODG Guidelines. Furthermore, none of the reports provided mention if the patient has insomnia or any difficulty sleeping. The requested Zolpidem is not medically necessary.