

<b>Case Number:</b>	CM15-0109832		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

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 50 year old female, who sustained an industrial injury on 7/23/12. She has reported initial complaints of bilateral upper extremities, neck and low back injuries. The diagnoses have included left shoulder impingement, right shoulder tendinopathy, cervical strain with discogenic disease, lumbar radiculitis with discogenic disease, status post right carpal tunnel release and status post left shoulder arthroscopy. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4/24/15, the injured worker is doing well following her left shoulder surgery on 4/8/15 and denies any signs of infection or numbness or tingling. The physical exam reveals post-operative tenderness and swelling which is expected. There is tenderness over the left carpal tunnel with positive provocative testing noted. The physician progress noted dated 1/20/15 documents that she is plagued with chronic left shoulder pain that often precludes restful sleep with more numbness and tingling in the left hand that awakens her from sleep. The current medications included Motrin, Valium, Ambien, Lisinopril, Glipizide, Cozaar and Labetalol. The urine drug screens dated 8/5/14 and 11/18/14 were inconsistent with the medications prescribed. The physician requested treatment included Retrospective Ambien 10mg 1 table at bedtime as needed #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ambien 10mg 1 table at bedtime as needed #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, Chapter (Pain).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

**Decision rationale:** The patient presents with chronic left shoulder pain that often precludes restful sleep. The current request is for Retrospective Ambien 10mg 1 table at bedtime as needed #30. The RFA is dated 01/15/15. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, other modalities and home exercise program (HEP). MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The current medications included Motrin, Valium, Ambien, Lisinopril, Glipizide, Cozaar and Labetalol. The patient has been prescribed Ambien since at least March 10, 2015. This patient presents with sleep disturbances secondary to chronic pain. The patient has reported that Ambien has been that Ambien provided excellent results. In this case, the requesting provider has exceeded guideline recommendations. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets, in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request is not medically necessary.