MAXIMUS Federal Services

Case Number:	CM15-0131027		
Date Assigned:	07/17/2015	Date of Injury:	01/20/2015
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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: Anesthesiology

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 47-year-old male, with a reported date of injury of 01/20/2015. The mechanism of injury was repetitive trauma to both of the upper extremities. The injured worker's symptoms at the time of the injury included bilateral upper extremity pain. The diagnoses include right shoulder pain and left shoulder pain. Treatments and evaluation to date have included physical therapy for the shoulders and oral medication. The diagnostic studies to date have included an MRI of the left shoulder on 06/24/2015, which showed extensive tendinosis of the supraspinatus muscle as a result of chronic impingement, and multiple partial- thickness tears; and an MRI of the right shoulder. The progress report dated 06/12/2015 indicates that the injured worker presented for further evaluation of bilateral shoulder pain. There was documentation that the injured worker saw an orthopedist for the right shoulder. It was noted that the MRI of the right shoulder from 02/2015 showed posterior labral tear but intact rotator cuff. The injured worker used Ambien for short-term, and it helped him with sleep. The objective findings include decreased range of motion in the shoulder, ability to flex and extend to about 100 degrees, paresthesias down the left shoulder, the lateral aspect of the deltoid, and towards the biceps region, and increased symptoms on the left side with Jackson's maneuver of the cervical spine. The treatment plan included short-term use of Ambien. The treating physician planned to discontinue the medication after they have some further information on the injured worker's left shoulder. It was documented that the injured worker was still not able to do the lifting of the equipment with either arm. There was still no understanding of what was going on with the left arm, so temporary totally disabled was recommended through 07/30/2015. The progress report dated 03/02/2015 indicates that the injured worker stated that he was pretty much up all night due to his pain. The treating physician requested Ambien 5mg #30 (date of service: 06/12/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 5mg quantity 30 DOS 6-12-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem.

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 (Ambien).

Decision rationale: According to the Official Disability Guidelines, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for the 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." The injured worker has been taking Ambien since at least 05/15/2015. According the guidelines, "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." There was documentation that the medication was prescribed for sleep. The request exceeds the guideline recommendations. Therefore, the request for Ambien was not medically necessary.