

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0142030 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 04/11/2013 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

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, Hawaii
 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 male who sustained an industrial injury on 4-11-13. In an encounter office visit note dated 7-2-15, the treating provider notes increasing right shoulder pain, which is rated at 8 out of 10 and is constant that can increase to a sharp pain that is a shooting sensation. Exacerbating factors include when he goes to sleep. He presents in the office this date for alternative and interventional options to alleviate the pain. Physical exam notes right shoulder decreased range of motion, shoulder tenderness, and palpation of the right sub-scapular region revealed by myofascial pain. The cervical MRI showed degenerative disc disease, C5-C6 cervical stenosis and foraminal stenosis. The assessment is noted as shoulder pain, postoperative pain, encounter for therapeutic drug monitoring, degeneration of cervical intervertebral disc, spinal stenosis in cervical region, and spinal stenosis. Work status is that he is currently not working. The plan is to refill Percocet for pain, refill Ambien for pain-induced insomnia and follow up in 4 weeks for medication management. The requested treatment is Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, Mental Illness and Stress Chapter, Insomnia Treatment, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Ambien.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Ambien 10mg #30. The treating physician report dated 7/30/15 (25B) states, "We will refill Ambien 10mg QHS #30 for pain induced insomnia." A QME report dated 5/5/15 (56B) states, "physician assistant recently gave him some Ambien to try and help with the sleep issue, but it has not been beneficial so far." The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the use of this medication is outside the 7-10 days recommended by the ODG as the medical records provided indicate the patient has been prescribed Ambien since at least 1/21/15 (56B). A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. The ODG Guidelines do not recommend long-term use of this medication. Furthermore, the patient was not experiencing any functional improvement from the use of the medication as noted in a report dated 1/21/15 (56B). The current request is not medically necessary.