

Case Number:	CM15-0180329		
Date Assigned:	09/22/2015	Date of Injury:	07/20/2009
Decision Date:	10/26/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is 58 year old female with a date of injury on 7-20-09. A review of the medical records indicates that the injured worker is undergoing treatment for her right shoulder and psychological symptoms related to chronic pain. Treatment has included medication, physical therapy, injections and rest, due to failed conservative treatment arthroscopy of the right shoulder with rotator cuff repair was recommended and performed. According to orthopedic report dated 7-22-15 the injured worker is doing better with decreasing pain and stiffness of her right shoulder and that she is approaching maximum medical improvement. Upon exam, she still has tenderness of the right shoulder. Narrative report on medication management with request dated 7-30-15 reports treatment for persistent symptoms of depression, anxiety and stress related medical complaints from industrial injury. It is noted that the current medication regimen works together to improve anxiety, depression, confusion, emotional control and stress intensified medical complaints. If the medication combination is altered negative effects may be seen. Subjective complaints related to request for ambien include: difficulty getting to sleep, difficulty staying asleep and early morning awakening. Improvement with symptoms and function noted with current treatment include: can sleep better, less time in bed, gets along better, less yelling, less depressed and less nervous. Observed behaviors include: depressed facial expressions, visible anxiety, emotional withdrawal and she is soft spoken. The original utilization review (8-12-15) partially approved a request for ambien 10 mg #30 (original request with 2 refills). Per primary treating physician's report dated 4-44-15 work status is remain on modified duty of no use of right upper extremity and if restrictions are not available will remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 QHS sleep with 2 refills: 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) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant was prescribed the medication with 2 months of additional refills. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem(Ambien) in the amount prescribed as above is not medically necessary.