

Case Number:	CM15-0181800		
Date Assigned:	09/23/2015	Date of Injury:	09/07/2014
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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 46 year old female, who sustained an industrial injury on 09-07-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right shoulder impingement status post repair. Treatment and diagnostics to date has included right shoulder surgery and medications. Current medications include Voltaren, Norco, and Ambien (prescribed at least since 08-05-2015). In a progress note dated 08-21-2015, the injured worker reported "moderate" pain postoperatively with noted superior labral tear from anterior to posterior repair on 08-11-2015. Objective findings included tenderness to entire right shoulder with positive Neer, Hawkin's, Speed, and Yergason signs. The request for authorization dated 08-21-2015 requested postoperative care: Norco 10-325mg ever 4-6 hours #120, Voltaren 75mg twice daily #60 with 1 refill, and Ambien 5mg at bedtime #30 with 1 refill. The Utilization Review with a decision date of 08-28-2015 modified the request for Ambien 5mg #30 with 1 refill to Ambien 5mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, under Zolpidem (Ambien).

Decision rationale: The patient presents on 08/21/15 with post-operative right shoulder pain. The patient's date of injury is 09/07/14. Patient is status post right shoulder SLAP repair on 08/11/15. The request is for Ambien 5mg #30 with 1 refill. The RFA is dated 08/21/15. Physical examination dated 08/21/15 reveals bruising and swelling of the right shoulder, with no evidence of infection noted. The patient is currently prescribed Norco, Voltaren, and Ambien. Per 08/21/15 progress note, patient is advised to remain off work for 45 days. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting non-benzodiazepine 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. In regard to the continuation of Ambien for this patient's post-operative pain and associated insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 08/05/15. While this patient presents with significant post surgical pain and insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets with 1 refill - in addition to prior use - does not imply the intent to utilize this medication short-term. Therefore, the request is not medically necessary.