

<b>Case Number:</b>	CM15-0194324		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 59 year old male sustained an industrial injury on 3-28-06. Documentation indicated that the injured worker was receiving treatment for chronic bilateral shoulder pain with paresthesia and hypoesthesia of the left upper extremity and insomnia. Previous treatment included left reverse shoulder replacement (2009), right shoulder arthroscopy (2013), physical therapy and medications. In a PR-2 dated 6-15-15, the injured worker complained of bilateral shoulder pain rated 8 to 9 out of 10 on the visual analog scale, "extreme" difficulty sleeping due to shoulder pain and gastrointestinal upset due to medications. The treatment plan included continuing Soma, Naproxen Sodium and Omeprazole, discontinuing Norco and a new prescription for Percocet. In a PR-2 dated 7-31-15, the injured worker reported that once he resumed Percocet he had decreased pain by 50% and increased ability to complete activities of daily living and self-care with minimal pain. The injured worker also reported a decrease in insomnia due to Percocet with 6 to 8 hours of sleep per night that helped him to feel well throughout the day. However, the injured worker had been out of Percocet for the last 15 days and stated that his pain was now intolerable, rated 10 out of 10 on the visual analog scale, to the point that he felt that he needed to go to the Emergency Department. The injured worker reported that he was now having difficulty sleeping and was waking several times throughout the night due to pain and had difficulty completing everyday tasks. The treatment plan included continuing medications Soma, Naproxen Sodium, Omeprazole and Percocet and a new prescription for Ambien. On 9-4- 15, Utilization Review noncertified a request for 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, Pain, web.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg #30 is not medically necessary at this time.