

Case Number:	CM15-0204091		
Date Assigned:	10/21/2015	Date of Injury:	12/13/2011
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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 a 42 year old male who sustained an industrial injury on 12-13-2011. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder SLAP tear. According to the progress report dated 9-14-2015, the injured worker was two months status post left shoulder scope debridement. He reported that he was doing well. He stated he had pain mostly at night. He was using Norco two to three times a day and Ambien at night. Per the treating physician (9-14-2015), the injured worker was to return to work with modified duty on 9-21-2015. The progress report did not include a discussion of sleep hygiene. Objective findings (9-14-2015) revealed "positive scap dysfunction evident." Treatment has included surgery, physical therapy, and medications (Norco and Ambien since at least 8-2015). The request for authorization was dated 8-21-2015. The original Utilization Review (UR) (9-21-2015) denied a request for Ambien.

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 (ODG) Pain, updated 9/8/15 Zolpidem, Insomnia treatment.

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 had used the medication for at least 1 month but an unknown length of time. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not provided. Continued use of Zolpidem (Ambien) is not medically necessary.