

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0024217 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 08/03/2006 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 02/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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 56 year old male who sustained an industrial injury on 08/03/06. He reports the left shoulder is less achy. He continues to have sleep issues. Treatments to date include medication, left total shoulder replacement and right hemiarthroplasty. Diagnoses are not listed. In a progress noted dated 01/21/15 the treating provider reports he is a candidate for right total shoulder replacement. On 02/03/15 Utilization Review non-certified Ambien, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien Tablets 10mg tablets QTY:30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 5th edition, Pain (Chronic) Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain (Chronic) and Topic Zolpidem.

**Decision rationale:** The 56 year old presents with pain in the bilateral shoulders, and is status post right hemiarthroplasty and left total arthroplasty on 06/05/14, as per progress report dated 01/21/15. The request is for AMBIEN TABLETS 10 mg TABLETS QTY: 30.00. The RFA for this case is dated 01/22/15, and the patient's date of injury is 08/03/06. Medications, as per progress report dated 10/15/14, included Norco and Ambien. The patient is temporarily totally disabled, as per progress report dated 10/15/14. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated 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. The guidelines also state "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." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, the patient suffers from chronic shoulder pain. In progress report dated 01/21/15, the treater states that "sleeping is the main thing." In report dated 10/15/14, the treater states that "He still takes Ambien to help him sleep at night." It is, however, not clear when the medication was prescribed for the first time. There is no documentation of efficacy as well. Additionally, the current request for 30 pills exceeds the 7-10 days use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.