

Case Number:	CM15-0210308		
Date Assigned:	10/29/2015	Date of Injury:	04/17/2013
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina

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:

The injured worker is a 41-year-old male, with a reported date of injury of 07-02-2014. The diagnoses include bilateral plantar fasciitis, bilateral shoulder pain, back pain, bilateral knee pain, cervical degenerative disc disease, thoracic degenerative disc disease, lumbar degenerative disc disease, insomnia secondary to chronic pain, and status post right mandibular fracture with open reduction and internal fixation. The progress report dated 09-24-2015 indicates that the injured worker had persistent burning and stabbing left shoulder pain, with radiation to the left upper extremity. The pain was associated with weakness with repetitive activities. The objective findings (09-24-2015) include spasms in the left shoulder region musculature; tenderness in the left acromioclavicular joint and glenohumeral joint; left shoulder abduction and forward flexion at 120 degrees; and decreased strength in the left shoulder abduction and forward flexion. The injured worker has been instructed to return to modified work until 11-30-2015. The subjective findings (08-07-2015) include persistent bilateral shoulder, neck, and bilateral knee pain. The objective findings (08-07-2015) include spasms in the left shoulder region musculature; tenderness in the left acromioclavicular joint and glenohumeral joint; left shoulder abduction at 100 degrees; forward flexion of the left shoulder at 120 degrees; and decreased strength in the left shoulder abduction and forward flexion. The diagnostic studies to date have included an MRI of the left shoulder on 08-13-2015 with no acute findings; an MRI of the upper extremity on 08-13-2015 which showed mild osteoarthritis of the left acromioclavicular joint, minimal narrowing of the glenohumeral articular cartilage, mild long head of biceps tendinopathy, and moderate tendinopathy of the infraspinatus and subscapularis tendons; and a urine drug screen on

09-24-2014 with negative findings. Treatments and evaluation to date have included Hydrocodone, Tramadol, Gabapentin, psychological treatment, Zolpidem (since at least 05-2015), Norco, Ibuprofen, Nortriptyline, and physical therapy. The request for authorization was dated 09-24-2015. The treating physician requested Zolpidem 10mg #30. On 09-30-2015, Utilization Review (UR) modified the request for Zolpidem 10mg #30 to Zolpidem 10mg #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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 Zolpidem (Ambien), 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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.