

Case Number:	CM15-0212218		
Date Assigned:	11/02/2015	Date of Injury:	02/20/2013
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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: New Jersey

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 46-year-old male, with a reported date of injury of 02-20-2013. The diagnoses include left shoulder impingement syndrome with partial tear, possible complete tear of the rotator cuff with osteoarthritis of the acromioclavicular joint; musculoligamentous strain of the cervical spine; and herniated ruptured disc disease at C5-6 and C7-T1. The orthopedic postoperative evaluation report dated 10-01-2015 indicates that the injured worker underwent a left shoulder arthroscopic examination and decompression with repair of rotator cuff on 09-29-2015. The injured worker complained of generalized pain in the left shoulder and radicular pain in the left arm and lumbar spine. He also complained of stiffness of the cervical spine. There was no documentation of sleep disturbance. The objective findings include left shoulder wound healing well; negative Homan's test; and palpable tenderness over the paracervical muscles. It was noted that the injured worker remained temporary totally disabled. The orthopedic re-evaluation report dated 08-05-2015 indicates that the injured worker continued to complain of left shoulder pain, difficulty with lifting, repetitive pulling and pushing activities, and difficulty sleeping on the left shoulder. He also complained of pain in the cervical spine. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included left shoulder manipulation and arthroscopic diagnostic surgery on 09-29-2015, Celebrex, and chiropractic treatment. The request for authorization was dated 10-01-2015. The treating physician requested Ambien 5mg #30. On 10-13-2015, Utilization Review (UR) non-certified the request for Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 Chapter, updated 04/30/15 - Online Version Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was neither found evidence of a complaint of insomnia in recent notes nor any evidence of a trial of first-line strategies for insomnia before considering a sedative hypnotic. Without this found in the notes for review, this request for Ambien cannot be justified and will be considered medically unnecessary.