MAXIMUS Federal Services

Case Number:	CM15-0223675		
Date Assigned:	11/19/2015	Date of Injury:	06/09/2014
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/13/2015

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: Emergency Medicine

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 45 year old female with an industrial injury date of 06-06-2014. Medical record review indicates she is being treated for shoulder pain and adhesive capsulitis of shoulder. Subjective complaints (10-29-2015) included right sided neck and right shoulder girdle pain "but this is improving." In the 09-29-2015 treatment note the treating physician documented the following: "We discussed sleep hygiene and she was encouraged to walk as tolerated. Melatonin not helpful, tried Ambien in the past. I informed her of Ambien's side effects and risks. Did not respond to trial of Trazodone because does not like antidepressant quality." Medications included Meloxicam, Proair and Ultracin lotion. Ambien was prescribed on 10-29-2015. Prior medications included Trazodone. Prior treatments include surgery, physical therapy acupuncture, shoulder injection and medications. Physical exam (10-29-2015) noted multiple myofascial trigger points in the right trapezius muscle and right sided rhomboid and periscapular musculature. Right shoulder abduction was 130-140 degree and flexion was 150-160 degree. There was pain with end ranges. On 11-09-2015 the request for 1 prescription for Ambien 10 mg # 20 with 3 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ambien 10 mg #20 with 3 refills: 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 (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 (ODG) Pain: Insomnia Treatment.

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. The prescription with multiple refills is excessive and not consistent with short term use. The dose is also considered excessive as per new FDA guidelines. The chronic use of Ambien with inappropriate dosing is not medically appropriate and is not medically necessary.