

Case Number:	CM15-0081050		
Date Assigned:	05/01/2015	Date of Injury:	02/22/2010
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: California, 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 53-year-old female injured worker suffered an industrial injury on 02/22/2010. The diagnoses included chronic regional pain syndrome. The diagnostics included right shoulder magnetic resonance imaging and x-rays. The injured worker had been treated with physical therapy, medications, right shoulder arthroscopy, and nerve blocks. On 3/19/2015, the treating provider reported left shoulder had constant aching sensitivity on the surface of the skin over the left clavicle, anterior chest, upper arm and the back of the shoulder. There were constant hot and cold flashes and is unable to wear a bra due to the sensitivity with purplish discoloration of the skin. The right elbow had constant pain radiating to the forearm with numbness and tingling with weakness to the right hand. The right arm had discoloration to the skin. She reported she had difficulty falling and remaining asleep secondary to pain. The treatment plan included 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, 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 section.

Decision rationale: The request is for Ambien 10 mg #30 for insomnia secondary to chronic pain. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The request for #30 of Ambien is thus deemed not medically necessary.