

Case Number:	CM15-0083308		
Date Assigned:	05/05/2015	Date of Injury:	12/10/2010
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 was a 60 year old male, who sustained an industrial injury, December 10, 2010. The injured worker sustained shoulder injury from lifting trays at work over time. The injured worker previously received the following treatments right shoulder arthroscopic surgery, laboratory studies, Ambien, Tramadol, Aspirin, Omega-3 fatty acids, right shoulder cortisone injections, right shoulder MRI and 24 physical therapy sessions. The injured worker was diagnosed with right shoulder impingement syndrome, AC joint pain, right bicep tenosynovitis, right shoulder pain, acromioclavicular joint arthritis, depression, and anxiety and panic attacks. According to progress note of February 27, 2015, the injured workers chief complaint was right shoulder pain. The injured worker rated the pain at 5 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by over usage. The physical exam of the right shoulder noted positive crepitation and popping with tenderness of the biceps and AC joints. Hawkin's sign pain and limitation with forward flexion to 90 degrees and internal rotation (supraspinatus impingement) positive. The left shoulder was without crepitation. There was tenderness in the anterior shoulder. There was limited range of motion of the left shoulder flexion of 120-170 degrees, limited abduction of 120-170 degrees, limited internal rotation mild at 60-90 degrees, limitation of external rotation mild at 30-45 degrees. The injured worker took Ambien nightly, due to right and left shoulder pain. The treatment plan included a prescription for 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) Treatment Index, 11th Edition (web), 2015, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This patient receives treatment for chronic shoulder pain, anxiety, depression, and insomnia. This patient receives treatment for both major depression and insomnia. Insomnia often accompanies major depression. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia. Hypnotics can produce side effects such as hallucinations and sleep walking. Chronic use can lead to hypnotic dependence and drug tolerance. On the other hand, addressing sleep hygiene does lead to improvement in restorative sleep. Ambien is medically approved for use in the treatment of insomnia for a limited time; however, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. Ambien is not medically necessary.