

<b>Case Number:</b>	CM14-0181849		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/22/2000
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male truck driver with a date of injury of 03/22/2000. He was pulling with his right hand on a lever that was stuck and sustained a right shoulder injury. He had right shoulder surgery in 02/2001 (arthroscopic rotator cuff repair, labral repair, subacromial decompression and resection of the distal clavicle). In 04/2002 he had another right shoulder surgery. He had an open resection of the distal clavicle and rotator cuff repair. On 04/08/2004 he was carrying things with his right hand and ambulated normally. This was on video. On 04/09/2004 he was cleaning a car on video with no difficulty using both hands. On 10/15/2004 he was P&S without residual disability. In 10/2004 he fell off a ladder and injured his left shoulder. On 07/11/2007 he noted that the injury was primarily to his right shoulder. However, the range of motion of both shoulders was decreased. On 12/04/2006, 07/17/2007, 11/19/2007, 01/21/2008, 12/23/2013, 02/25/2014, 05/27/2014, 07/01/2014 he was taking Ambien. On 09/30/2014 he had mostly right shoulder pain with a positive rotator cuff challenge test. Both shoulder had decreased range of motion. Renewal of nightly Ambien 10 mg was requested. On 10/28/2014 he had bilateral shoulder pain with decreased range of motion. Rotator cuff challenge was positive on the right.

### 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ambien, FDA approved package insert.

**Decision rationale:** MTUS ACOEM Chapter 9, pages 195 - 220 is silent about the use of Ambien. That is, Ambien is not a treatment for shoulder complaints. The FDA Approved package insert notes that Ambien is indicated for short term treatment of insomnia up to a maximum of 35 days. After 35 days of use, there is no documentation that Ambien is safe and effective. This patient has been using Ambien long term for years and the continued use of Ambien in this patient is experimental and investigative treatment. This is not consistent with MTUS guidelines. Therefore this request is not medically necessary.