

<b>Case Number:</b>	CM14-0091341		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 51 year old male who reported an injury on 02/03/2012. The mechanism of injury was ascending a ladder which caused pain to the left shoulder. Relevant diagnoses included left shoulder impingement syndrome, left shoulder acromial arthrosis and status post left shoulder surgery. Past treatments included in the clinical note were surgery, physical therapy, times 3 Supartz injections, hyaluronic injections, home health therapy and medication. On 02/24/2014, he injured worker's subjective complaints included continued left shoulder discomfort and discomfort with sleeping. Objective findings included decreased range of motion. A subsequent visit on 04/14/2014 indicated increased crepitation of left shoulder. Also, there was a negative impingement sign noted on the progress noted dated 06/4/2014. Medication in the medical records included Zolpidem Tartrate 10 mg #30. The treatment plan includes Zolpidem Tartrate 10mg #30 and work restrictions. The rationale for request was not indicated in the clinical notes. The authorization for request form was not included in the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10mg Quantity: 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- Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

**Decision rationale:** The request for Zolpidem Tartrate 10mg #30 is not medically necessary. According to Official Disability Guidelines, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia, but are not recommended for long-term use as they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Based on the clinical notes submitted, the injured worker reported discomfort to the left shoulder and discomfort when sleeping, but there was no diagnosis of insomnia or sleep impairment caused by pain to warrant the use of Zolpidem Tartrate 10mg. Additionally, the documentation does not address the duration of use of this medications and the request, as submitted, did not specify a frequency of use. Therefore, the request for Zolpidem Tartrate 10mg # 30 is not medically necessary.