MAXIMUS Federal Services

Case Number:	CM14-0106248		
Date Assigned:	07/30/2014	Date of Injury:	03/27/2007
Decision Date:	06/25/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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. 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: New Jersey
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 66 year old female, who sustained an industrial injury, March 27, 2007. The injured worker previously received the following treatments right shoulder MRI, Norco, Ambien, Restoril, Klonopin, Prozac, Clonazepam and Right shoulder arthroscopic surgery. The injured worker was diagnosed with chronic pain status post right shoulder arthroscopic revision, rotator cuff repair and treatment of SLAP lesion, left shoulder strain verses impingement, right hand strain/sprain, cervical disc protrusion at C3-C4, C4-C5 and C5-C6 in the setting of moderate to severe stenosis, bilaterally at C5 and on the left at C6., right shoulder internal derangement, right shoulder contusion, depression and anxiety secondary to chronic shoulder pain and decrease sleep secondary to chronic right shoulder pain. According to progress note of April 16, 2015, the injured workers chief complaint was right shoulder pain. The pain was aggravated by prolonged sitting, driving, lying down and bearing down. Mitigating factors were lying down on the back, standing and medications. The physical exam noted right shoulder and cervical range of motion was restricted by pain in all directions. There was tenderness with palpation of the right shoulder, right shoulder impingement signs including Hawkin's and Neer's were positive. Right shoulder and cervical provocative maneuver was positive. The treatment plan included a prescription for Zolpidem (Ambien).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg, #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, Mental Illness and Stress and Pain (Chronic) Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, although there was record of better sleep with the chronic nightly use of Ambien (zolpidem) leading up to this request, the chronic daily use of this medication is not recommended by the ODG Guidelines without any special circumstances which might exclude one from this advice. Therefore, the request for zolpidem is not medically necessary.