

Case Number:	CM15-0015861		
Date Assigned:	02/03/2015	Date of Injury:	03/25/2014
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 year old male, who sustained an industrial injury on 03/25/2014. On physician's progress report dated 01/05/2015 the injured worker has reported right shoulder pain due to surgery. On physical examination he was noted to have tenderness at supraspinatus muscle and a decrease in range of motion. He was noted to be waking up at night with throbbing shoulder pain. The diagnoses have included right shoulder pain and SLAP (superior glenoid labrum lesion). Treatment to date has included medication. Treatment plan included a prescription for Ambien 10mg #15. On 01/13/2015 Utilization Review non-certified Ambien 10mg #15 as not medically necessary. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QTY: 15.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem Ambien (insomnia treatment)

Decision rationale: The patient presents with constant aching right shoulder pain rated 6/10 following recent surgery. Patient also complains of left-sided discomfort secondary to overcompensating for shoulder pain. The patient's date of injury is 03/25/14. Patient is status post right shoulder SLAP repair at a date unspecified. The request is for AMBIEN 10MG QTY: 15.00. The RFA is dated 01/08/15. Physical examination dated 01/05/15 revealed tenderness to palpation of the right supraspinatus muscle, decreased range of motion in all planes especially on abduction and external rotation. The patient is currently prescribed Mobic, Norco, Clonidine, Morphine, Suboxone, and Baclofen. Diagnostic imaging was not included. Per progress note dated 01/15/15 patient is advised to remain off work for 6 weeks. ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. "In regards to the request for Ambien, treater has exceeded the recommended duration of therapy. There is no documentation provided of prior utilization of this medication. Given this patients chronic pain complaints secondary to recent surgery a 7-10 day trial period of Ambien would be an appropriate adjunct to this patient's pain medications, however, the requested 15 tablets implies a duration of therapy longer than 10 days. Therefore, the request IS NOT medically necessary.