

Case Number:	CM15-0019095		
Date Assigned:	02/09/2015	Date of Injury:	06/30/2013
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male, who sustained an industrial injury on 6/30/2013. The diagnoses have included post-surgical right shoulder pain, thoracic spine discopathy and left shoulder internal derangement. Past medical history included hypertension. Treatment to date has included physical therapy, chiropractic care and pain medications. The injured worker underwent right shoulder arthroscopy on 5/10/2014. According to the Primary Treating Physician's Progress Report dated 8/11/2014, the injured worker complained of pain in right shoulder, mid back and left shoulder. Objective findings revealed slight to moderate tenderness in the thoracic spine, paraspinals and left shoulder. Range of motion was restricted. On 1/8/2015, Utilization Review (UR) non-certified a request for Ambien 10mg #30 with two refills. The Official Disability Guidelines (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 #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation www.drugs.com/ambien

Decision rationale: This 59 year old male has complained of bilateral shoulder pain since date of injury 6/30/13. He has been treated with right shoulder arthroscopy, physical therapy, chiropractic therapy and medications. The current request is for Ambien 10 mg, # 30, 2 RF. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. Furthermore, the requested duration of treatment is greater than short term treatment. On the basis of the available medical documentation and per the guideline cited above, Ambien is not indicated as medically necessary in this patient.