

<b>Case Number:</b>	CM15-0113941		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: North Carolina, Georgia  
 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 is a 58-year-old male who sustained an industrial injury on 10/05/2009, leaving him with elbow, upper arm, and right shoulder pain with decreased range of motion. The injured worker was diagnosed with right shoulder pain, right shoulder adhesive capsulitis; right shoulder rotator cuff impingement; disorders of sleep disturbance; and, subsequently, status post right shoulder arthroscopy and decompression surgery in 2010. Treatment has included the right shoulder decompression after which he reported tingling and lost feeling in his hands, ultimately leading to ulnar nerve transposition. This is noted to have improved the tingling sensation. Additional treatments have included chiropractic treatments, oral and transdermal pain Medication, sleep medication, and physiotherapy to the right shoulder. The injured worker has reported that medication helped reduce pain level at times, but there is no documentation present to indicate the effectiveness of chiropractic or physiotherapy. The injured worker continues to report right shoulder pain with weakness and altered range of motion as well as difficulty sleeping due to pain when not taking sleep medication. The treating physician's plan-of-care includes continuing pain medications and Ambien CR 12.5 mg. The injured worker is medically retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #120: 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 (Ambien).

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

**Decision rationale:** The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep onset, sleep maintenance, sleep quality and next day function. In this case, the medical records do not detail any history of the insomnia or response to treatment with Ambien. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld.