

<b>Case Number:</b>	CM15-0117203		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Emergency Medicine

### 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 59 year old female, who sustained an industrial injury, May 19, 2014. The injury was sustained from cumulative trauma exacerbated by work-related repetitive strain. According to progress note of May 22, 2015, the injured worker's chief complaint was bilateral shoulder pain. The injured worker rated the pain at 5 out of 10 with medications. The pain was rated at 8 out of 10 without pain medication. The injured worker quality of sleep was fair. The injured worker reported the medications were working well. The physical exam noted cervical spine tenderness with palpation over the right posterolateral and proximal superior trapezius muscles. The cervical spine range of motion revealed decreased range of motion in all planes. The facet loading test was positive on the right. The bilateral shoulders revealed tenderness to palpation over the right acromioclavicular joint, coracoid process and lateral subacromial deltoid area. The right shoulder had decreased range of motion in all planes except external rotation which was normal. The deep tendon reflexes were hyporeflexia in the bilateral upper extremities. The Hoffman's sign was absent. The motor strength was 4 out of 5 in the abductor pollicis and the right external rotator. The injured worker was diagnosed with cervical facet syndrome, cervical pain and shoulder pain. The injured worker previously received the following treatments Norco, Nortriptyline, Ambien was taking in March of 2015, Neurontin, Lisinopril, Metformin and Naprosyn and random toxicology laboratory studies which was negative for any unexpected findings. The RFA (request for authorization) dated May 22, 2015; the following treatment was requested a prescription for Ambien. The UR (utilization review board) denied certification on June 3, 2015, of the prescription for Ambien was modified for weaning due to this medication should not be stopped abruptly.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 MG Qty 20 Unspecified Refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Ambien 5 MG Qty 20 Unspecified Refill is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has bilateral shoulder pain. The injured worker rated the pain at 5 out of 10 with medications. The pain was rated at 8 out of 10 without pain medication. The injured worker quality of sleep was fair. The injured worker reported the medications were working well. The physical exam noted cervical spine tenderness with palpation over the right posterolateral and proximal superior trapezius muscles. The cervical spine range of motion revealed decreased range of motion in all planes. The facet loading test was positive on the right. The bilateral shoulders revealed tenderness to palpation over the right acromioclavicular joint, coracoid process and lateral subacromial deltoid area. The right shoulder had decreased range of motion in all planes except external rotation which was normal. The deep tendon reflexes were hyporeflexia in the bilateral upper extremities. The Hoffman's sign was absent. The motor strength was 4 out of 5 in the abductor pollicis and the right external rotator. The injured worker was diagnosed with cervical facet syndrome, cervical pain and shoulder pain. The injured worker previously received the following treatments Norco, Nortriptyline, Ambien was taking in March of 2015, Neurontin, Lisinopril, Metformin and Naprosyn and random toxicology laboratory studies which was negative for any unexpected findings. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5 MG Qty 20 Unspecified Refill is not medically necessary.