

<b>Case Number:</b>	CM15-0122621		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	12/29/2008
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 is a 51 year old male who sustained an industrial injury on 12/29/2008. Mechanism of injury was not documented. Diagnoses include neck pain-status post cervical fixations in C5-C6, cervical radiculopathy, and a history of C5-C6 spine surgery. Treatment to date has included diagnostic studies, medications, acupuncture, and trigger point injections which were only temporary in effect. His current medications include Ambien and Tramadol. On 03/20/2015 x rays of the cervical spine revealed post-surgical appearance status post anterior cervical fixation at C5-6, and degenerative spondylosis throughout the cervical spine. A physician progress note dated 04/29/2015 documents the injured worker has difficulties with the right shoulder discomfort and a feeling of achiness in his right hand. The Ambien is helpful with his insomnia and it is important in terms of keeping his pain at a manageable level. On examination MCP compression test on the right is negative. There are focal points of tenderness in the right posterior shoulder and right trapezius region. The treatment plan includes Tramadol for pain, and aquatic therapy was recommended and he will consider this and a follow up in two months. Treatment requested is for Retrospective Ambien 10mg #60 (DOS: 5/6/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ambien 10mg #60 (DOS: 5/6/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Retrospective Ambien 10mg #60 (DOS: 5/6/15), is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has difficulties with the right shoulder discomfort and a feeling of achiness in his right hand. On examination MCP compression test on the right is negative. There are focal points of tenderness in the right posterior shoulder and right trapezius region. 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, Retrospective Ambien 10mg #60 (DOS: 5/6/15) is not medically necessary.