

Case Number:	CM15-0175703		
Date Assigned:	09/17/2015	Date of Injury:	04/28/2012
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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 74 year old female, who sustained an industrial injury on April 28, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having pain in joint upper arm and aftercare for healing traumatic fracture of other bone. Treatment to date has included acupuncture, physical therapy and medication. On April 6, 2015, she reported taking one sleeping pill at night, but not every night. The medication was not indicated in the report. On June 26, 2015, the injured worker complained of left shoulder pain. The treatment plan included acupuncture, pain management and physical therapy. On August 28, 2015, utilization review denied a request for Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - 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 (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with left shoulder pain. The request is for ZOLPIDEM 10 MG QTY 30. The request for authorization is dated 07/28/15. X-ray of the left shoulder shows reverse total shoulder arthroplasty in place. There is definite ectopic bone around the allograft proximally. Physical examination reveals she elevates to about 90 degrees, abducts to 60 degrees, externally rotates to neutral, and internally rotates to her trochanter. Her triceps does fire. It is weak. Per progress report dated 06/26/15, the patient is TTD. ODG-TWC, Pain (Chronic) 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. (Feinberg, 2008)" Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Zolpidem. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, treater does not discuss Zolpidem will be used for short-term and no more than 10 days. Additionally, the request for Zolpidem Qty 30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.