

<b>Case Number:</b>	CM15-0076836		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Internal 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 46 year old male, who sustained an industrial injury on 03/18/2009 to the right shoulder. Treatment to date has included conservative care, medications, x-rays, MRIs, injections, right shoulder surgery, and conservative therapies. Currently, the injured worker complains of right shoulder pain with a pain rating of 8/10, radiating pain to the neck, and poor sleep quality. Objective findings included restricted and painful range of motion in the right shoulder. Current medications include Zofran, Lidoderm patch, Norco, Ambien, and cyclobenzaprine. The diagnoses include pain in shoulder joint, arthropathy (not other specified [NOS]), shoulder bursae and tendon disorders NOS, and shoulder region disorders NOS. The request for authorization included Norco 10/235 mg #180 and Ambien 5 mg #30. According to the utilization review letter, the Norco was previously denied and upheld through the IMR process for liability issues; therefore, this issues is not eligible for IMR review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #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 (ODG), Ambien for chronic pain: Zolpidem; MedScape 2009 and PDR 2009 references: Ambien or Zolpidem.

**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) Zolpidem (Ambien).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The date of injury was 03-18-2009. The pain institute progress report dated 3/6/15 documented that current medications included Ambien, and a refill of Ambien was prescribed. The pain institute progress report dated 4/3/15 documented that current medications included Ambien, and a refill of Ambien was prescribed. Ambien 5m g #30 was requested on 4/6/15. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.