

<b>Case Number:</b>	CM15-0096436		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Indiana, New York  
 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 40 year old male who sustained an industrial motor vehicle head-on accident injury on 04/17/2001. The injured worker was diagnosed with chronic bilateral shoulder impingement, cervicalgia, C5-7 nerve root impingement with neuropathy and bilateral epicondylitis of the elbows. The injured worker is status post left shoulder arthroscopy with superior labral anterior posterior (SLAP) repair; debridement and subacromial decompression in April 2005, left shoulder re-tear repair and debridement in February 2006, right shoulder arthroscopy in 2005 and lateral release of right elbow (no date documented). Treatment to date has included diagnostic testing with recent cervical magnetic resonance imaging (MRI) in March 2015, surgery, shoulder steroid injections, physical therapy, lumbar epidural steroid injection, psychiatric/psychological evaluation, chiropractic therapy, home exercise program and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience neck, lower back, bilateral shoulder and elbow pain. Examination demonstrated significant limited range of motion of the cervical spine with impingement and nerve root irritation along C5-C6 nerve roots with side bending. Dysesthesia of the upper portion of the back was noted. There was weakness in the biceps, triceps and trapezial musculature, greater on the right side. Left shoulder forward flexion was documented at 90 degrees, abduction at 90 degrees, internal rotation at 85 degrees and external rotation at 50 degrees. There was positive straight leg raise bilaterally, worse on the right than the left. There was documented S1 nerve root irritation and symptoms from the affected deep tendon reflexes and the Achilles bilaterally with associated bilateral lower extremity weakness. Current

medications are listed as Hydrocodone, Naproxen, Gabapentin, Lunesta, Amitriptyline, Clonazepam and Omeprazole. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI), medications as prescribed and the current request for Ambien.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg #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), Pain, Zolpidem (Ambien), Insomnia treatment.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are displacement lumbar disc without myelopathy; displacement cervical disc without myelopathy; degeneration cervical disc; spinal stenosis cervical; and degeneration lumbar disc. The date of injury is April 17, 2001. Request for authorization is dated April 29, 2015. A progress note in the medical record dated January 22, 2015 shows the treating provider prescribed Lunesta 3 mg. Subsequent progress notes including March 23, 2015 and May 18, 2015 show the treating provider prescribed Lunesta. There is no documentation indicating Ambien 10 mg was prescribed to the injured worker. As a result, there is no clinical indication or rationale for Ambien while Lunesta is prescribed. Additionally, both Lunesta and Ambien are indicated for short term use. Consequently, absent clinical documentation with a treatment plan for Ambien and a clinical rationale for Ambien in the progress note documentation, Ambien 10 mg #30 is not medically necessary.