

Case Number:	CM13-0035392		
Date Assigned:	12/13/2013	Date of Injury:	07/02/2010
Decision Date:	03/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is 57 year old male with a work injury dated 7/02/2010. Per documentation patient developed pain throughout 12 years working under stress as a civil engineer. There was a psychological claim filed January 2008. The patient complains of lower back, right shoulder, right elbow, bilateral knees and bilateral ankle pain. The patient suffered 2 years of harassment while working in a hostile environment. He became severely depressed and developed diabetes and generalized pain. Per the 9/25/13 report by [REDACTED]: Patient was diagnosed with DSM-IV-TR Diagnoses: Axis I: (a) Major depressive disorder, single episode, mild; (b) Generalized anxiety disorder; (c) Insomnia related to generalized anxiety disorder; and (d) Psychological factors affecting medical condition, diabetes, high blood pressure, headaches, gastric disturbance. Axis II: No diagnosis. Axis III: Headaches; gastric disturbance: nausea, gastric reflux, heartburn, constipation, stomach pain, indigestion; high blood pressure; and diabetes. Axis IV: Financial circumstances and health problems. Axis V: GAF of 50. Per documentation, on 10/20/12, the Claimant had just received Ambien which he had not taken yet. He still complained of sleeping issues. He was advised to start taking Ambien 5 mg QHS. Wellbutrin XL 300 mg QD, Remeron 30 mg QHS and BuSpar 15 mg BID were refilled. On 02/09/13, the Claimant had been compliant with his medications. However, he reported feeling tired due to poor sleep. Trazodone 150 mg QD was prescribed. Wellbutrin XL 300 mg QD, Remeron 30 mg QHS, BuSpar 15 mg BID and Ambien 5 mg QHS prn were refilled. On 06/08/13 there was a comment of trouble staying asleep. Claimant felt stressed about his hearing. Remeron 30 mg QHS, BuSpar 15 mg BID and Ambien 5 mg QHS were refilled. Wellbutrin XL 150 mg QAM and Trazodone 100 mg QHS were prescribed. On 07/13/13, the Claimant complained of "a lot" of physical pain. He stated that his pain disturbed his mood. He had been compliant with his

medications. Wellbutrin XL 150 mg QAM, Remeron 30 mg QHS, BuSpar 15 mg BID, Trazodone 100 mg QHS and Ambien 5 mg QHS were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #30 with two (2) refills: 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), Mental Illness and Stress Chapter.

Decision rationale: Ambien 5 mg #30 with two (2) refills is not medically necessary per the Official Disability Guidelines (ODG) The MTUS is silent on this issue. Per the ODG Zolpidem (Ambien) is " Not recommended for long-term use, but recommended for short-term use (usually two to six weeks). 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." Documentation submitted suggests patient has exceeded the recommended time frame for Ambien and therefore this is not medically necessary.