

Case Number:	CM13-0052642		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2003
Decision Date:	05/15/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/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:

This case involves a 56 year old male injured 9-21-2003. The patient has been diagnosed with depression and treated with Buspar, Ambien, Risperdal and Celexa. The records provided to this reviewer do not give information about the exact start date of Ambien. However, it can be ascertained from the records provided that the patient was on Ambien on or around 8-24-2013 as noted by the records provided. He was diagnosed with an acute stress reaction. At issue is the medical necessity of Ambien 10mg #30.

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), Treatment Index, 11th Edition (Web), 2013, Pain Chapter, 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) Chapter on Pain (Chronic), section on Insomnia treatment.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment guidelines are silent on the issue of the treatment of insomnia. All of the benzodiazepine-receptor agonists are schedule IV

controlled substances, which mean they have potential for abuse and dependency. The Official Disability Guidelines Pain (Chronic) Chapter has the following to state about Insomnia Treatment: Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. (Buscemi, 2005) (Ramakrishnan, 2007) (Morin, 2007). The extended-release dual-layer tablet (Ambien CR) has a biphasic release system; an initial release of Zolpidem reduces sleep latency and a delayed release facilitates sleep maintenance. Side effects: headache, daytime drowsiness, dizziness, blurred vision, confusion, abnormal thinking and bizarre behavior have occurred. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal.

Dosing: Ambien 5 to 10 mg at bedtime (5 mg in women, the elderly and patients with hepatic dysfunction); Ambien CR 6.25 to 12.5 mg at bedtime (6.25 mg in women, the elderly and patients with hepatic dysfunction) (Morin, 2007). Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. (Kripke, 2012) Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The patient has been on Ambien well over six weeks, and as such has vastly exceeded the guideline maximum treatment. Ambien 10 mg #30 is as such not medically necessary and appropriate per guidelines.