

Case Number:	CM13-0062450		
Date Assigned:	12/30/2013	Date of Injury:	03/19/1998
Decision Date:	04/01/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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:

This is a 66 year old male with date of injury 3/19/1998. Date of UR decision was 11/25/2013. The mechanism of injury is unavailable. The injury resulted in psychiatric symptoms. Progress report by psychiatrist on 11/5/2013 reflects that he was receiving treatment for [REDACTED] in form of supportive psychotherapy and medication management. The medications that have been prescribed for the injured worker were Pristiq, Viibryd, Latuda, Nuvigil, Klonopin, Cialis, Ambien CR. It states that "he remains totally disabled from gainful employment." Intermezzo 3.5 mg SL is being prescribed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Intermezzo (Zolpidem Tartrate) sublingual tablets, CIV 3.5mg QTY: 30:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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)

Decision rationale: MTUS is silent regarding the use of Intermezzo. ODG states "Zolpidem [Ambien® (generic available), Ambien CR, Edluar, Intermezzo] 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. FDA has also approved sublingual Zolpidem (Edluar). (FDA, 2009) FDA approved Zolpidem tartrate sublingual tablets (Intermezzo) for use as needed for insomnia characterized by middle-of-the-night waking followed by difficulty returning to sleep. (FDA, 2011) Due to adverse effects, FDA now requires lower doses for Zolpidem. According to the guidelines the requested medication is indicated for short term treatment of insomnia. A 15 day dose was approved on 11/25/2013 for the injured worker to be properly weaned off this medication. Thus a 30 day supply of Intermezzo is not medically indicated at this time and will be denied.