

Case Number:	CM14-0003636		
Date Assigned:	01/31/2014	Date of Injury:	10/28/2005
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 is a 50-year-old male patient with a 10/28/2005 date of injury. He was diagnosed with severe bipolar disorder, attention deficit disorder, alcohol dependence. The patient was taking medication, also had psychiatric therapy. On 11/11/2013, there was a patient's letter noting that authorization of medication ran out on 11/30/2013. He was worried to run out of medication. He needed to take medication regularly, otherwise he would become manic. He was also noted to have difficulty with sleep. The patient's mood was sad and depressed. He had been hospitalized several times with bipolar disorder. It is important for him to always have his prescribed medication available to him. Discontinuation would immediately destabilize him. There is documentation of a previous adverse determination on 12/16/2013, based on the fact that there was not result of sleep behavior modification attempts or documentation of failed trials of other guideline supported medication treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The patient presented with diagnosis of bipolar disorder, attention deficit disorder, alcohol dependence. His prescriptions also included Zolpidem, since 11/11/2013, besides other medication. However, there was not result of sleep behavior modification attempts or documentation of failed trials of other guideline supported medication treatment. In addition, Zolpidem is recommended for short-term treatment only. The patient was on Zolpidem beyond the recommended brief course. Therefore, the request for Zolpidem 10mg #60 is not medically necessary.