

Case Number:	CM14-0116584		
Date Assigned:	08/04/2014	Date of Injury:	01/28/2008
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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:

The documentation submitted for review does not provide a date of birth for this injured worker who reported an injury on 01/28/2008. The mechanism of injury was not provided for review. His diagnoses were noted to be cervical spine strain/sprain, depression and anxiety. It is noted the injured worker had psychotherapy. He had an MMPI-2-RF with an interpretive report indicating diagnostic considerations of emotional-internalizing disorders and interpersonal disorders. The only examination submitted for review is a psychological examination. The injured worker's subjective complaint was sleeping about 5 hours a night. A mental status examination was performed. It was noted that the injured worker manifested no bizarre or unusual behavior. His speech did not manifest loose associations. His affect was sad and his mood was very subdued. There was no evidence of delusions or hallucinations. He was oriented for time, place, and person. Intellectual functioning was not formally tested. The provider's rationale for the request was not provided within a treatment plan. A request for authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg at Bedtime as Needed, #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 12TH EDITION (WEB), 2014, PAIN CHAPTER, ZOLPIDEM.

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

Decision rationale: The Official Disability Guidelines state Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. 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 opiate pain relievers. There is also concern they may increase pain and depression over the long term. The medication appears to be contraindicated with the injured worker's psychological diagnosis of depression. It is noted in a 01/14/2014 report that the injured worker was currently using Ambien. Because the Guidelines recommend 2 weeks of therapy, the request is in excess of the Guidelines recommendations for this medication. Therefore, the request for Ambien 10 mg at bedtime as needed #20 not medically necessary.