

Case Number:	CM14-0124217		
Date Assigned:	08/11/2014	Date of Injury:	08/25/2010
Decision Date:	10/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal 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:

The patient is a 44 year old male who was injured on 02/09/2007. The mechanism of injury is unknown. Office note dated 03/17/2014 states the patient felt his psychological symptoms have changed. He is utilizing Ambien to sleep but notes he is still having interrupted sleeping patterns. He reported fatigue and tiredness. It is felt that the patient is taking his Ambien too early as he is taking it at 9 pm. He is still active at 9, 10, and 11 pm so his medication does not have any effect; therefore it is clearly understood that his medication is not working for him. He was instructed on sleep hygiene and appropriate sleep hygiene in the context of taking such said medication. Prior utilization review dated 07/17/2014 states the request for Ambien 5mg (no documentation of original quantity requested) is modified to Ambien #15 for wean or pending an indication of functional improvement with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg (no documentation of original quantity requested): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. 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), Pain, Zolpidem (Ambien)

Decision rationale: CA MTUS is silent regarding the request. The guidelines recommend ambien as an option for insomnia for short-term therapy. The guidelines state ambien is not recommended for longer than a 6 week period for treatment of insomnia. From the clinical documents it appears the patient has been taking ambien for longer than the recommended duration. The documentation states he continues to have poor sleep despite use of the medication. From the notes it is evident the patient is using ambien incorrectly, several hours prior to sleeping. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.