

Case Number:	CM14-0164208		
Date Assigned:	10/09/2014	Date of Injury:	08/09/2011
Decision Date:	12/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine & Rehabilitation, 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 43-year-old male with an 8/9/11 date of injury after falling from the roof of a house injuring his wrist, and C and L spine. His diagnosis is an L1 burst fracture (healed), lumbago, Cervicalgia, and insomnia. He was recommended for Lumbar surgery but declined. He also declined epidurals. He has been on Ambien at least since November 2013. His pain has been managed with Norco for pain since his industrial injury. He was seen on 8/15/14 where it was noted the patient was on Norco 10/325 QID, Ambien 10 mg up to 15 tablets per month, and Cymbalta was started. Exam findings revealed a normal exam of the C spine, some tenderness to palpation in the L spine as well as a positive straight leg raise. Otherwise the rest of the exam was normal. Treatment to date: PT, medications, injections, and a work hardening program. The UR decision dated 8/29/14 denied the request as there was no evidence the patient was practicing good sleep hygiene while on the medication, in addition to the duration of use of the medication, which could lead to worsening pain and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) (Pain Chapter, Ambien) Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

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 FDA states that Ambien (zolpidem tartrate) is indicated for the short-term treatment of insomnia. Ambien has been shown to decrease sleep latency and increase the duration of sleep for up to 35 days in controlled clinical studies. Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. Ambien should not be prescribed in quantities exceeding a 1-month supply. This patient has been on this medication for at least a year, and has exceeded the recommended guidelines of use. In addition, there is insufficient documentation to support that it is currently helping his insomnia. Therefore, the request for Ambien 10 mg #15 is not medically necessary.