

Case Number:	CM14-0164356		
Date Assigned:	10/20/2014	Date of Injury:	09/01/2007
Decision Date:	11/24/2014	UR Denial Date:	09/26/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, shoulder pain, depression, neck pain, and anxiety reportedly associated with an industrial injury of September 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and psychotropic medications. In a Utilization Review Report dated September 26, 2014, the claims administrator partially approved a request for 20 tablets of Ambien to 15 tablets of the same. The applicant's attorney subsequently appealed. In a July 21, 2014 psychiatry note, the applicant was having ongoing issues with pain, depression, hopelessness, and insomnia. The applicant's energy level was decreased. The applicant had reportedly lost 5 pounds and now weighed 311 pounds, it was acknowledged. The applicant was asked to continue Lamictal, Cymbalta, Latuda, and Ambien. 20 tablets of Ambien were endorsed on an as-needed basis for insomnia. The applicant's work status was not clearly stated. In a medical progress note dated July 21, 2014, the applicant was described as using Ambien, Elavil, aspirin, Wellbutrin, Klonopin, Cymbalta, irbesartan, Januvia, Morphine, Lamictal, metformin, Protonix, Zocor, and Trilipix. Work restrictions were renewed, it was not clearly established whether the applicant was working with said limitations in place. In an earlier note dated March 24, 2014, the applicant was again described as using a variety of medications including Ambien, Elavil, and Klonopin. In a mental health note dated February 24, 2014, the applicant was again given various prescriptions, including Lamictal, Cymbalta, Klonopin, Ambien, and Latuda.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tablets as needed at night #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 (ODG), Treatment Index, 12 edition (web), 2014, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration (FDA), Ambien Medication Guide. Page(s): 7-8.

Decision rationale: While the MTUS did not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the reason ability to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated as a short-term treatment for insomnia, for up to 35 days. In this case, however, the applicant had seemingly received Ambien at a rate of 20 tablets a month for what amounts to several months. The chronic and long-term usage of Ambien being proposed here, thus, is at odds with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.