

Case Number:	CM14-0174977		
Date Assigned:	10/28/2014	Date of Injury:	10/06/1968
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Hospice and Palliative Medicine (HPM), and is licensed to practice in Pennsylvania. 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 injured worker is a 68-year-old gentleman with a date of injury of 10/06/1968. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes dated 09/04/2014 and dated 09/19/2014 and supplemental notes dated 06/11/2013 and 03/27/2014 indicated the worker was experiencing slight right shoulder pain with overhead activities, slight lower back pain with bending, right hand numbness, and problems sleeping. It was reported that a lower dose of zolpidem had not been effective. Documented examinations consistently described lower back tenderness and right hand numbness. The submitted and reviewed documentation concluded the worker was suffering from mild right shoulder impingement, lumbar sprain, and lumbar spondylosis. Treatment recommendations included oral pain medication and Ambien (zolpidem) 10mg. A Utilization Review decision was rendered on 09/26/2014 recommending non-certification for Ambien (zolpidem) 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ambien 10mg: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 32.0. UpToDate. Accessed 11/23/2014. Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187>

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Per guidelines, initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not include assessments of specific sleep components (such as sleep onset, maintenance, quality, or daytime sleepiness), benefits of zolpidem therapy, or its side effects. No sleep diary data was recorded or reviewed. There was no indication that non-pharmacologic interventions were recently suggested or tried. Further, there was no mention of discussions pertaining to the worker's sleep hygiene. In the absence of such evidence, the current request for Ambien (zolpidem) 10 mg is not medically necessary.