

Case Number:	CM14-0180298		
Date Assigned:	11/04/2014	Date of Injury:	03/01/2008
Decision Date:	12/18/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/30/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, elbow pain, shoulder pain, and knee pain reportedly associated with an industrial injury of March 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve request for zolpidem (Ambien). The applicant's attorney subsequently appealed. In a February 18, 2014 progress note, the applicant reported ongoing complaints of shoulder, hip, knee and leg pain, 7-9/10. The note was very difficult to follow and internally inconsistent. The attending provider reported in one section of the note that the applicant had "returned to work" while another section of the note stated that the applicant's employer was "unable to accommodate his decisions at this time." The applicant's medications included Neurontin, OxyContin, Ambien, Klonopin, Lexapro, Zestril, metformin, Nuvigil, OxyContin, Pravachol, Viibryd, Geodon, and several dietary supplements. Laboratory testing was endorsed. Multiple medications were renewed. The applicant was given work restrictions which were, in a fact, resulting in his removal from the workplace. In an October 11, 2013 progress note, the applicant was again described as having multifocal complaints of knee, hip, and leg pain. The applicant's medications included a variety of medications as of this point of time, including Ambien, OxyContin, Neurontin, Klonopin, Lexapro, Zestril, metformin, Nuvigil, OxyContin, Pravachol, Viibryd, and Geodon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tart ER 12.5 mg # 30: 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) Pain Chapter

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

Decision rationale: While the MTUS does 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 reasonability to be well informed regarding 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 in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant appears to have been using zolpidem (Ambien) for what appears to be a span of several months to several years. No compelling applicant specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable FDA position on long-term usage of Ambien (zolpidem). Therefore, the request was not medically necessary.