MAXIMUS Federal Services

Case Number:	CM14-0180834		
Date Assigned:	11/05/2014	Date of Injury:	04/09/2005
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, facial pain, temporomandibular joint disorder, trigeminal neuralgia, and major depressive disorder reportedly associated with an industrial injury of April 9, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; psychotropic medications; sleep aids; and extensive periods of time off of work.In a Utilization Review Report dated October 7, 2014, the claims administrator approved a request for Nucynta, approved a request for Prilosec, approved a request for Inderal, approved a request for Effexor, approved a request for Topamax, approved a request for Neurontin, and denied a request for Ambien. The applicant's attorney subsequently appealed. In a September 15, 2014 progress note, the applicant reported with ongoing complaints of neck pain, disequilibrium, mid back pain, shoulder pain, and headaches. The applicant was also having issues with bruxism, it was further reported. The applicant was given prescriptions for Nucynta, Prilosec, Inderal, Effexor, Topamax, Ambien, and Neurontin. The applicant was placed off of work, on total temporary disability. It was acknowledged that the prescription for Ambien was a renewal request. On June 9, 2014, the applicant was asked to discontinue Norco, Morphine, and Robaxin. Nucynta extended release, Prilosec, Maxzide, Zestril, Effexor, Topamax, and Ambien were again endorsed.

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 # 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

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

Decision rationale: While the MTUS does not specifically address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility 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), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant appeared to have been using Ambien for what appears to be a span of several months to several years. Such usage, however, is incompatible with the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request was not medically necessary.