

Case Number:	CM14-0045747		
Date Assigned:	07/02/2014	Date of Injury:	04/05/2011
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 licensed in Psychiatry 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:

Injured worker is a 48 year old male with date of injury 4/5/2011. Date of the UR decision was 3/19/2014. Mechanism of injury was described as a fall in a trench while working as a roofer which resulted in lower back injury, specifically L4-5 and his left hip. Report dated 9/13/2013, it was indicated that the pain from physical injuries adversely affected his psychological health. He was described as depressed, irritable and was experiencing recurring nightmares. Objective findings listed that he appeared depressed and anxious. He was diagnosed with Major depressive disorder, single episode, severe and Pain disorder with both psychological factors and general medical condition. He was prescribed Trazodone up to 200 mg nightly, Pristiq 50 mg every day for depression, Zolpidem 10 mg nightly as needed for sleep onset insomnia associated with depression, anxiety and chronic pain per the report. Venlafaxine XR was discontinued at that visit. Report dated 11/23/2013 suggested that Abilify 5 mg was initiated for anti-depressant augmentation. Rest of the medications including Zolpidem were continued to be prescribed. Report dated 1/10/2014 indicated that he stopped taking the Trazodone and was using Melatonin for sleep. Pristiq and Abilify were discontinued at that visit. Report dated 2/4/2014 indicated that he had trouble falling asleep and staying asleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #30 with 1 refill: 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 (updated 01/07/14) Zolpidem (Ambien) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue. ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem Ambien (generic available), Ambien CR, Edluar, Intermezzo is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Per the guidelines, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Request for Zolpidem 10mg, #30 with 1 refill i.e. 2 month supply is excessive and not medically necessary.