

Case Number:	CM14-0055034		
Date Assigned:	07/07/2014	Date of Injury:	07/11/2005
Decision Date:	08/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Maryland. 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:

According to the documents available for review, the patient is a 47 year old male. The date of injury is July 11, 2005. The mechanism of injury was not provided in the documents. The patient carries a current diagnosis of lumbago and currently complains of chronic lumbar back pain, or current myofascial strain, radiculopathic pain in the lower extremities and neuropathic pain. The patient underwent lumbar spinal fusion at L4/L5 and L5/S1 and has failed lumbar back surgery syndrome. The patient is currently being treated with a multimodal pain medication regimen consisting of robaxin, norco and ambien. A request for Ambien was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg Tablets: 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), Chronic pain: Insomnia - Non-Benzodiazepine, Hypnotic Sedative.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ambien (Zolpidem).

Decision rationale: According to the Official Disability Guidelines (ODG), Zolpidem is a prescription short-acting non Benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) See Insomnia treatment. Ambien CR offers no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release Zolpidem. (Ambien & Ambien CR package insert) Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of Zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when Zolpidem IR was discontinued and maintenance CBT continued. (Morin, 2009) Due to adverse effects, Food and Drug Administration (FDA) now requires lower doses for Zolpidem. The dose of Zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (FDA, 2013) According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Zolpidem is linked to a sharp increase in emergency department visits, so it should be used safely for only a short period of time. According to the documents available for review, the patient does not carry diagnoses of insomnia. Furthermore, the patient has been using this medication for long-term treatment. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.