

Case Number:	CM14-0062984		
Date Assigned:	07/16/2014	Date of Injury:	07/06/2009
Decision Date:	09/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/05/2014

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:

Per the records provided, the request was for Ambien. The reviewer noted the medicine is not related to the injury, but cannot be abruptly discontinued; therefore, a one-time fill is permissible. The 30 tablets Ambien 10 mg 1 tablet by mouth once at night for chronic insomnia related to the lumbar injury, was modified to 1 table by mouth once at night for chronic insomnia. The claimant's injury was 7-6-09 and the lumbar vertebrae were injured. The back pain was worsening. The claimant was post lumbar artificial disc implants. The claimant was in moderate distress. There was a well healed surgical scar. A note from June 23, 2014 notes there was low back pain. The use of opioid and sleep medicine is beneficial to the patient. The insomnia score was 28, showed he had severe clinical insomnia. In the appeal letter, the doctor noted he is unable to discontinue or reduce it due to the severe insomnia. The doctor notes that the FDA indicates it is for short term use, but it is commonly prescribed longer. The doctor cites [REDACTED] article stating they may be indicated for long term use. A note from March 31 notes he was on the Ambien at that point. Per the psychiatrist, he has 6 Hydrocodone per day. In the note, the provider says it is for chronic insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ambien (Zolpidem Tartrate) 10mg, 1 tablet by mouth: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS is silent on the long term use of Zolpidem. The Official Disability Guidelines, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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). There is no evidence in the guidelines to support long term usage. Therefore, this request is not medically necessary.