

Case Number:	CM14-0068431		
Date Assigned:	07/14/2014	Date of Injury:	09/23/1998
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 a filed a claim for chronic low back pain reportedly associated with an industrial injury of September 23, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and sleep aids. In a utilization review report dated May 1, 2014, the claims administrator denied a request for Ambien. The applicant's attorney subsequently appealed. In a progress note dated March 14, 2013, the applicant reported persistent complaints of low back pain. The applicant was a police officer. It was not stated whether or not the applicant was working as of that point. The applicant's medications list as of that point of time included methadone, ramipril, Zestril, Ambien, and Cymbalta. It was stated that the Ambien was being employed for pain-induced insomnia. Multiple prescriptions for Ambien were later endorsed at various points over the life of the claim including on December 26, 2013, January 2, 2014, and February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Treatment in Workers Copensation, Zolpidem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ambien Label - FDA Home Page - Food and Drug Administration, INDICATIONS AND USAGE: Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. (1).

Decision rationale: No, the request for Ambien, a sleep aid, is not medically necessary, medically appropriate, or indicated here. 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 the attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some 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 usage. Ambien, thus, is not indicated for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being proposed here. The attending provider has renewed and endorsed Ambien for nightly use purposes for what appears to be a span of several months to several years. No compelling applicant's specific rationale or medical evidence was attached to the application for independent medical review so as to offset the unfavorable FDA position on such usage of Ambien. Therefore, the request is not medically necessary.