

Case Number:	CM14-0073094		
Date Assigned:	07/16/2014	Date of Injury:	01/28/2008
Decision Date:	09/16/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/19/2014

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 claimant was injured on 01/28/08. Ambien is under review. He is status post lumbar spine surgery and postop PT. He has chronic pain. The claimant had a psychiatric QME (qualified medical evaluation) on 09/28/13. He described problems with medical symptoms and carpal tunnel syndrome with gout. He had a functional restoration program in September and October 2012. He also had psychological treatment in the past. He has trouble falling asleep and wakes up through the night. He was having anxiety. He was diagnosed with anxiety and depression along with multiple orthopedic and medical conditions and symptoms. He had an elevated Epworth Sleepiness Scale which was related to his nonindustrial sleep apnea. He underwent an MMPI (Minnesota Multiphasic Personality Inventory) evaluation and reported a history of suicidal ideation and/or attempts. He was at increased risk of suicidal ideation and attempts. He reported significant emotional distress. He was very likely to display vegetative symptoms of depression. He had a psychiatric disability. His use of medications is not described.

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: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Principles, various sections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Ambien.

Decision rationale: The history and documentation do not objectively support the request for Ambien 10 mg tablets on an ongoing basis. The MTUS indicate that good sleep patterns are likely to be beneficial in chronic pain situations. However, the use of sleep aids is not addressed. The ODG state "Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine 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, 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 SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time."In this case, the claimant's history of insomnia is unclear, and his use of this medication, and any functional improvement from the use of this medication have not been described. Typically, sleep aids of this type are only recommended for short periods of time. There is no full history of insomnia or description of failed trials of basic sleep hygiene. Chronic use of sleep aids/hypnotics is discouraged. The peer review that is included in the medicals indicates that weaning had been recommended. The medical necessity of ongoing use of this medication has not been clearly demonstrated.