

Case Number:	CM14-0077654		
Date Assigned:	07/18/2014	Date of Injury:	01/03/2011
Decision Date:	08/28/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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:

According to the records made available for review, this is a 44-year-old male with a 01/03/11 date of injury, and status post L4-5 discectomy and fusion on 01/24/12. At the time (04/14/14) of request for authorization for Ambien 10mg #30, there is documentation of subjective complaints of doing well on current medications and depressed and objective findings of appropriately groomed, oriented to person, place, time and situation, and no evidence of loose associations or flight of ideas, hallucinations or delusions. Current diagnoses are major depressive affective disorder, recurrent episode, without mention of psychotic behavior, agoraphobia with panic disorder, and pain disorder with related psychological factors and treatment to date has consisted of medications, including Ambien since at least 12/16/13. There is no documentation of insomnia, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

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, Pain Chapter.

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

Decision rationale: ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of major depressive affective disorder, recurrent episode, without mention of psychotic behavior, agoraphobia with panic disorder, and pain disorder with related psychological factors. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 12/16/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 is not medically necessary.