

Case Number:	CM14-0087247		
Date Assigned:	07/23/2014	Date of Injury:	10/28/1999
Decision Date:	09/12/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male who reported an injury on 10/28/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 04/28/2014 indicated diagnoses of hypertensive cardiovascular disease, gastritis, and diabetes. The injured worker reported swelling in his lower extremities, worse at the end of the day. The injured worker reported an improvement in exercise tolerance. The injured worker reported he cannot lay flat because of discomfort. He reported he is not sure if this is because of difficulty breathing or not. The injured worker reported that in the distant past, a sleep study was performed, but he did not know the results. On physical examination, no respiratory discomfort or symptoms were observed and the injured worker's blood pressure was 140/80. The injured worker's treatment plan included a sleep study, and plan is to followup in 2 weeks. The injured worker's prior treatments were not provided for review. The provider submitted a request for Ambien. The injured worker's medication regimen was not provided for review. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg (quantity not specified): 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), Treatment Index, 11th Edition (Web), 2013, Pain/Zolpidem (Ambien).

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

Decision rationale: The request for Ambien 10mg (quantity not specified) is non-certified. The Official Disability Guidelines state that Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also indicate 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. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for insomnia or poor sleep hygiene. In addition, it was not indicated if the injured worker had been utilizing Ambien. Additionally the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency or quantity for this medication. Therefore, the request for Ambien is not medically necessary.