MAXIMUS Federal Services

Case Number:	CM14-0092204		
Date Assigned:	07/25/2014	Date of Injury:	07/12/1998
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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 represented [redacted] employee, who has filed a claim for chronic low back, neck, and foot pain reportedly associated with an industrial injury of July 12, 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; earlier foot surgery; and opioid therapy.In a Utilization Review Report dated May 23, 2014, the claim administrator failed to approve both retrospective and prospective request for Ambien.The applicant's attorney subsequently appealed.In an earlier progress note July 23, 2012, it was acknowledged that the applicant was using a variety of medications, including Vicodin, Ambien, Zocor, Zantac, Norvasc, Singulair, Mobic, and Allegra. The applicant was using Ambien for sleep purposes, it was acknowledged. Chronic low back pain was reported. The applicant reported insomnia secondary to pain. The applicant had BMI of 28. The applicant's work status was not clearly stated. On November 18, 2013, the applicant again reported 6-8/10 low back pain. The applicant was again described as using a variety of medications, including Ambien, on this date.In a medical legal evaluation of February 15, 2013, it was acknowledged that the applicant last worked in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE OF ZOLPIDEM TARTRATE (DOS 4-30-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien (zolpidem) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA), however, does note that zolpidem and Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Ambien is not indicated for the chronic, long-term, and scheduled use purposes, for which it is seemingly being employed here. It appears that the applicant has been using Ambien for a span of several years, based on information on file. This is not an FDA-approved role for Ambien. The attending provider did not furnish any compelling applicant-specific information to support Ambien usage in this context. Therefore, the request is not medically necessary.

PROSPECTIVE USAGE OF ZOLPIDEM TARTRATE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ambien Medications Guide.

Decision rationale: 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 an attending provider using a drug for non-FDA labeled purposes has a 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), however notes that Ambien or zolpidem is indicated in the short-term treatment of insomnia, for up to 45 days. In this case, it appears that the applicant has been using Ambien for several years. The applicant was apparently using Ambien as early as 2012-2013, it appears, thus, based on survey of the records on file. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.