

Case Number:	CM14-0096572		
Date Assigned:	07/28/2014	Date of Injury:	01/25/2011
Decision Date:	09/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Practice, has a subspecialty in Preventative 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:

This 51 year old female claimant sustained a work injury on 1/25/11 involving the low back. She was diagnosed with a lumbar sprain. She had completed aqua therapy and used oral analgesics for pain. A progress note on 11/4/13 indicated the claimant had difficulty with sleep due to pain for which she had taken Ambien. There were no psychological complaints. In the interim she had become depressed over the death of her grandson. She had undergone psychological consultation. She had no significant interim notation of sleep difficulty. Ambien was given again for a month supply in April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30 taper to cessation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-12th edition web, 2014 -Pain Insomnia treatment Feinberg, 2008.

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

Decision rationale: According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Zolpidem [Ambien] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had been provided beyond a 10 day supply of Ambien. There were periods of improved sleep without medication. Evaluation of sleep problems and clinical notes do not support the use of Ambien as prescribed and is not medically necessary and appropriate.