

Case Number:	CM14-0097884		
Date Assigned:	07/28/2014	Date of Injury:	10/10/1985
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, 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 is a 57-year-old male with a date of injury of 10/10/1985. The patients' diagnoses include low back pain, left ulnar problem, degenerative disc disease (cervical) and problems sleeping due to back pain. The patient's medications include Oxycontin, Dexilant, Norco, Flexaril, Klonopin, Lunesta and Ambien. Documentation of social history from 06/07/2013 reveals this patient has 3 alcoholic drinks per day.

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; Work Loss Data Institute 5th Edition: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, page(s) 24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Ambien, Lunesta, Insomnia Treatment.

Decision rationale: Ambien is the brand name for Zolpidem. It is a medication used to treat insomnia. It is a non-benzodiazepine hypnotic agent which acts at the same receptor site as benzodiazepines, with similar effects. MTUS guidelines do not specifically address the

utilization of ambien. Benzodiazepines, however, are not generally recommended per MTUS guidelines as the long term efficacy is unproven and tolerance to the hypnotic effects of these drugs can be rapid. This patient has been using a combination of Ambien and Lunesta. Lunesta is also a non-benzodiazepine hypnotic agent used for the treatment of insomnia. Lunesta is not intended to be used in combination with other sleep medications. The ODG clearly only recommends the use of ambien for a short period of time. Reasons include possible long term impairment of function and memory. Lunesta is also recommended by the ODG for short term treatment of insomnia. There is no recommendation in the ODG for combining two non-benzodiazepine sedative hypnotics nor is there medical literature to support this. There is also documentation in the medical record of patient consumption of three alcoholic drinks per day. Combining sedative hypnotic medications and alcohol is not supported. Long term treatment of insomnia with medication alone is not considered optimal or consistent with the standard of care. Therefore, the above listed issue is considered not medically necessary.