

Case Number:	CM13-0034532		
Date Assigned:	12/11/2013	Date of Injury:	09/08/2011
Decision Date:	04/13/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a represented 35-year-old who has filed a claim for chronic low back, knee, and thigh pain reportedly associated with an industrial injury of September 8, 2011. In a Utilization Review Report dated September 25, 2013, the claims administrator failed to approve/partially request for Ambien while approving Norco and Pennsaid. A September 9, 2013, progress note was referenced in the determination. The request for Ambien was framed as a renewal request. On August 12, 2013, the applicant was returned to full-time regular duty work, despite ongoing complaints of low back, knee, and neck pain. The applicant's medications included Vicodin, Motrin, Asmanex, and Celebrex. The applicant was smoking, it was suggested. Ambien was apparently endorsed for sedative effect. On September 12, 2013, the applicant was given refills of Ambien, Norco, and Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 (1 tab by mouth every night before bed): 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), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7-8 of 127. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using the drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in short-term treatment of insomnia for up to 35 days. Here, the request for Ambien did in fact represent a renewal request for the same. The applicant has seemingly been using Ambien for several months on or around the date of the request. Continued usage of the same, thus, ran counter to the FDA label. The attending provider did not, however, furnish a clear or compelling applicant-specific rationale or medical evidence so as to offset the unfavorable FDA position on article at issue. Therefore, the request was not medically necessary.