

Case Number:	CM14-0187874		
Date Assigned:	11/18/2014	Date of Injury:	06/18/2004
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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:

Injured worker (IW) is a 61 year old female who sustained an industrial low back injury on 06/18/04. Documented treatment to date has included medications, H-Wave Unit, and Epidural Steroid Injections (ESIs). 03/05/14 office note documented complaints of difficulty sleeping and laying down due to pain. IW reported difficulty falling asleep, inability to return to sleep if she wakes up, and feeling tired overall throughout the following day. A previous sleep evaluation or sleep study was not documented. Current medications included Norco, Flexeril, Naproxen, and OxyContin. IW reported pain level of 7-10/10 without medications and 0-2/10 with medications. Ambien (Zolpidem) 10 mg at bedtime was prescribed for sleep. Review of monthly office notes from 04/02/14 to 10/23/14 indicates that she has been prescribed Zolpidem on a continuous basis; however, response to Zolpidem or a description of her sleep pattern or change in daytime symptoms was not documented. Drug screens were consistent with prescribed opioids. A depression questionnaire was interpreted as consistent with minimal depression.

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 (ODG)

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, Zolpidem (Ambien®), Insomnia treatment

Decision rationale: ODG Pain Chapter recommendations concerning insomnia treatment state: "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A detailed evaluation for potential causes of IW's sleep disturbance, including a sleep study to rule out sleep apnea, is not documented. Non-pharmacological treatments for insomnia including sleep hygiene measures are not documented. ODG recommends Zolpidem for short-term (7-10 days) use, and does not support chronic use of this medication. In addition, the requested dosage of Zolpidem 10 mg exceeds the FDA recommendation for dosage reduction to 5 mg in women. Medical necessity is not established for the requested Ambien.