

Case Number:	CM14-0187881		
Date Assigned:	11/18/2014	Date of Injury:	01/20/2012
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 58-year-old (per Utilization Review; age or date of birth not provided in submitted records) woman with a date of injury of 01/20/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating psychologist notes dated 10/02/2014, 10/03/2014, and 11/06/2014 indicated the worker was experiencing anxiety, depression, stress, "PTSD-type" dreams, and vivid nightmares of falling. No additional clinical records were submitted for review. No documented examinations were submitted for review. These records did not record the condition(s) causing the worker's symptoms. Treatment recommendations included cognitive behavioral therapy, deep breathing exercises, and imagery therapy. A Utilization Review decision was rendered on 10/29/2014 recommending non-certification for thirty tablets of Ambien (zolpidem) 10mg and sixty tablets of Motrin (ibuprofen) 800mg.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 32.0. UpToDate. Accessed 11/23/2014. Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/118782>

Decision rationale: Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. Treating psychologist notes indicated the worker was experiencing anxiety, depression, stress, "PTSD-type" dreams, and vivid nightmares of falling. No additional clinical records were submitted for review. There was no report of the worker having decreased sleep or a discussion explaining the reason(s) this medication was requested. For these reasons, the current request for thirty tablets of Ambien (zolpidem) 10mg is not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. Treating psychologist notes indicated the worker was experiencing anxiety, depression, stress, "PTSD-type" dreams, and vivid nightmares of falling. No additional clinical records were submitted for review. There was no report of the worker having physical pain or a discussion explaining the reason(s) this medication was requested. For these reasons, the current request for sixty tablets of Motrin (ibuprofen) 800mg is not medically necessary.

