

Case Number:	CM14-0198861		
Date Assigned:	12/09/2014	Date of Injury:	04/15/2011
Decision Date:	02/10/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 15, 2011. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Ambien. The claims administrator referenced an October 24, 2014, letter in its determination. The applicant's attorney subsequently appealed. In an August 15, 2014 progress note, the applicant reported ongoing complaints of low back pain, 8 to 9/10. The applicant was apparently using a cane to move about. The applicant was using Norco, an unspecified muscle relaxant, and a topical compounded medication. The applicant was not working and was placed off of work, on total temporary disability, while multiple medications were renewed. Trigger point injections were performed. Cognitive behavioral therapy, Ambien, BuSpar, Wellbutrin, and follow up visits were endorsed via an RFA form dated October 6, 2014. In a progress note of the same date, October 6, 2014, the applicant was described as having various issues with insomnia secondary to depression, anxiety, and worry. The applicant had a history of a previous workers' compensation claim in 1998-1999, it was noted. The applicant received a large monetary settlement at that point in time, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ambien Medication Guide.

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 usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the request for Ambien 5 mg #60 with two refills represents chronic, long-term, and daily usage of Ambien. Such usage, however, runs counter to the FDA label. The attending provider did not, furthermore, furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long term usage of Ambien. Therefore, the request was not medically necessary.