

Case Number:	CM14-0199436		
Date Assigned:	12/18/2014	Date of Injury:	06/27/2003
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/28/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 51 year old male with a work injury dated 6/27/03. The diagnoses include cervical spine discopathy status post fusion, right shoulder impingement syndrome, s/p right shoulder arthroscopy and subacromial decompression 1/7/8, lumbar spine discopathy, liver dysfunction and pulmonary disorder likely non industrial. Under consideration are requests for Ambien 10mg quantity 30. The documentation indicates that the patient has had a cervical spine injury with prior decompression and fusion and recent hardware and osteophyte removal revision surgery. On prior utilization reviews the ongoing use of Ambien was non-certified based on the long term use demonstrated and the fact that the current literature does not support its use for longer than 2-6 weeks. There is a 10/28/14 appeal for Ambien that states that due to the patient's persistent pain and depression, his ability to have a restful sleep is affected. The documenting physician feels that the patient needs Ambien in order to prevent the after effect of sleeping problems that may impair his daily functioning. Consequently, the patient will be able to recoup his emotional, psychological, and physical resources. He requests reconsideration for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 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), Pain (Chronic), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Zolpidem (Ambien®)

Decision rationale: Ambien 10mg quantity 30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has been on Ambien much longer than the 6 week recommended time frame. The ODG does not recommend this medication long term and no extenuating factors make this medication medically necessary. The request for Ambien 10mg #30 is not medically necessary.