

Case Number:	CM15-0002646		
Date Assigned:	01/13/2015	Date of Injury:	10/28/1997
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/06/2015

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: Arizona, Michigan

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 injured worker is a 74 year old male who sustained an industrial injury on 10/28/97. The injured worker reported symptoms in the shoulders, back, and left lower extremity phantom limb pain. The diagnoses included chronic neck and bilateral shoulder pain, history of multiple surgeries greater than 20 with last one in 2012, chronic phantom limb pain with left below knee amputation and right metatarsal amputation, history of myopathy from use of Lipitor and chronic right knee pain. Treatments to date have included status post left shoulder hemiarthroplasty, status post right shoulder reconstruction, and status post left below knee amputation, status post right metatarsal amputation, oral pain medications, and home exercise program. Progress report dated 11/18/14 noted the injured worker presents with "bilateral shoulder pain and back pain, phantom limb pain in his lower extremity on the left" the treating physician is requesting Ambien 10mg #30. On 12/4/14, Utilization Review non-certified a request for Ambien 10mg #30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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); Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The MTUS and ACOEM did not specifically address the use of Ambien therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. A review of the injured workers medical records show that he was getting CBT and he had responded well to CBT, guided imagery and pain coping techniques. The ODG recommends short term use of zolpidem. With CBT it should only be used for the first 6 weeks of therapy and then discontinued while maintenance CBT is continued. Therefore based on the guidelines the request for Ambien 10mg #30 is not medically necessary.