

Case Number:	CM15-0103713		
Date Assigned:	06/08/2015	Date of Injury:	05/13/2009
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 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 applicant is a represented 58-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of May 13, 2009. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Ambien (zolpidem) #30 with four refills. The claims administrator referenced a RFA form of April 29, 2015 and associated progress note of April 27, 2015, in the determination. The applicant's attorney subsequently appealed. In a progress note dated February 9, 2015, the applicant was given a prescription for Ambien #30 with four refills, seemingly for nightly use. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue tramadol and Norco owing to ongoing complaints of low back pain. The applicant was not working, it was acknowledged. On March 15, 2015, the applicant reported ongoing complaints of low back and bilateral shoulder pain with associated lower extremity paresthesias. The applicant was not working, it was acknowledged. The applicant was on azole therapy, baclofen, Neurontin, tramadol, Ambien, and Norco, it was reported, several of which were continued and/or renewed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30 x 4 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 (ODG), Ambien for chronic pain; MedScape 2009; PDR 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U. S. Food and Drug Administration Ambien® (zolpidem tartrate) tablets; Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: No, request for zolpidem (Ambien), a sleep aid, is not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well-informed regarding usage of same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien (zolpidem) is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for zolpidem (Ambien) 10 mg #30 with four refills, thus, represented treatment well in access of the FDA label. The attending provider failed to furnish the compelling rationale or medical evidence which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request is not medically necessary.