

Case Number:	CM15-0109321		
Date Assigned:	06/15/2015	Date of Injury:	09/01/2007
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury to the head, neck, right knee and shoulder on 9/1/07. Recent treatment included psychiatric care and medications. In a psychiatric progress note dated 4/24/15, the injured worker was still dealing with the grief of his paternal uncle passing away. The injured worker denied being depressed most of the time and denied anger issues. The injured worker reported that his sleep was restful and good and that he slept for about 7-8 hours each night. The injured worker reported that he enjoyed things like gardening and motorcycle rides. The injured worker went out for walks regularly and had a good appetite. The injured worker had no feelings of hopelessness, helplessness or suicidal ideation. Current diagnoses included major depressive disorder and mood disorder. The treatment plan included continuing medications (Lamictal, Ambien, Latuda and Cymbalta).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #25: 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, 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, Insomnia treatments.

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep: sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records include a history of insomnia but do not document no pharmacological interventions or specific response to treatment with Ambien which has been used for more than 35 days. Additionally, per the most recent note, Ambien has now been weaned. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld.