

Case Number:	CM15-0135677		
Date Assigned:	07/23/2015	Date of Injury:	05/04/2012
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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 52-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 4, 2012. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced an RFA form received on June 30, 2015 in its determination, along with an associated progress report dated June 5, 2015. The applicant's attorney subsequently appealed. In an RFA form dated May 6, 2015, Ambien, aquatic therapy, and tramadol were endorsed. In an associated progress note dated May 12, 2015, handwritten, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, owing to reported complaints of knee pain. In a subsequent RFA form dated June 30, 2015, 30 tablets of Ambien were renewed. In an associated progress note dated June 16, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee pain. The note was very difficult to follow and not altogether legible. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: No, the request for Ambien, a sleep aid, was 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 the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for a minimum of several months prior to the date of the request. Continued usage of Ambien, thus, ran counter to the FDA position against usage of Ambien beyond 35 days. ODG's Mental Illness and Stress Chapter also notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Ambien, in effect, represented treatment which ran counter to both FDA and ODG parameters. The attending provider failed to furnish a clear or compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.