

Case Number:	CM15-0135988		
Date Assigned:	07/24/2015	Date of Injury:	01/08/2010
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
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: Colorado

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:

The injured worker is a 42 year old male, who sustained an industrial injury on 1/8/2010. He reported injury to his head, neck, shoulder girdle, groin, and low back after a motor vehicle accident. The injured worker was diagnosed as having myoligamentous strain of the cervical spine with radicular symptoms into the upper extremities, inflammatory process of the shoulder bilaterally with stiff shoulder syndrome, myoligamentous strain of the lumbar spine with radicular symptoms into the lower extremities, status post bilateral inguinal herniorrhaphy, and depression cervical radiculopathy, lumbar radiculopathy. Treatment to date has included emergency room treatment, x-rays, medications, magnetic resonance imaging of the neck and low back, physical therapy, electrodiagnostic studies, cervical epidural injection. His present complaints are headaches, dizziness, neck pain with radiation into the upper back and bilateral shoulder blade region, bilateral shoulder pain, low back pain with radiation into the lower extremities, and groin pain, as well as insomnia related his pain. Current medications are Norco, and Gabapentin, though records indicate he has been on Ambien as recent as February 2015. Patient indicated medications help about 50% with his symptoms. The treatment plan included: surgical consultation, pain management, Cymbalta, and Ambien, in addition to his current medications. The current request is for Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: 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), 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 chapter, Ambien and Other Medical Treatment Guidelines www.fda.gov.

Decision rationale: MTUS Guidelines and ACEOM do not address Ambien, so alternate references were consulted. Per the FDA, Ambien is indicated for short term treatment of insomnia. Ambien has been shown in quality controlled studies to decrease time to sleep for up to 35 days. Per the FDA dosage guidelines, lowest effective dose is recommended, 5mg for women and geriatric patients or patients with liver impairment, and 5mg-10mg for men. Patient should be re-evaluated and Ambien reconsidered if sleep is not improved after 7-10 days. Likewise, the ODG recommends Ambien only for short term use, 2-6 weeks. Long term use of Ambien is not supported because of risks of tolerance and dependence as well as risks of worsening depressive symptoms. Per the ODG, good sleep hygiene and cognitive behavioral therapy (CBT) are also considered important recommendations to be used in conjunction with Ambien. Per the records supplied for review, the patient of concern has been taking Ambien, at least intermittently, long term, greater than 6 weeks, at the time of the request for refill. The records are not clear as to exactly how often patient has used the Ambien, but records do indicate patient has taken Ambien as long ago as 2013. Furthermore, the records indicate that based on labs in November 2013, which revealed abnormal kidney function, the patient was taken off of Zanaflex, Ambien, and Trazodone. Several clinic notes after that simply state that patient previously took Ambien without information as why discontinued or if taking intermittent. Clinic note February 2015 states patient currently taking Ambien. Given lack of information on exactly how patient is using Ambien and why he is using it long term despite apparent issues related to kidney function, and given the lack of information on its efficacy for patient, and given that long term use is not an FDA-approved indication or ODG recommended use for Ambien, the Ambien request is not medically indicated.