

Case Number:	CM15-0138067		
Date Assigned:	07/31/2015	Date of Injury:	08/10/2007
Decision Date:	09/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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 56-year-old who has filed a claim for chronic low back and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of August 10, 2007. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced a May 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 21, 2015, the applicant reported ongoing complaints of low back and forearm pain, 6-8/10. The applicant was using Motrin, Lidoderm, Senna, Naprosyn, Prilosec, Relafen, Desyrel, Sentra, Norco, lactulose, tramadol, Mobic, Effexor, fenoprofen, Ambien, LidoPro, Lunesta, Norco, and Valium, it was reported. Norco, Valium, and Terocin were all apparently refilled; it was stated toward the bottom of the note. The applicant's work status was not detailed. On June 27, 2015, Norco, Valium, and Lunesta were all renewed. On May 26, 2015, Ambien, Norco, Valium, and LidoPro were prescribed and/or dispensed. The applicant's complete medication list included Motrin, Lidoderm, Senna, Naprosyn, Prilosec, Relafen, Desyrel, Sentra, Norco, lactulose, tramadol, Mobic, Effexor, fenoprofen, Ambien, Norco, Valium, and LidoPro, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15: 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 Chapter, Zolpidem (Ambien).

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) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Indications and Usage: 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. 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 that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Continued usage of Ambien, thus, in effect, represented treatment in excess of the FDA label. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, continued usage of Ambien, in effect, ran counter to both the FDA label and the ODG position on the article at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, the attending provider did not reconcile his decision to continue prescribing Ambien in conjunction with his decisions to continue prescribing a variety of other potentially sedating agents, including Valium, Lunesta, etc. Therefore, the request is not medically necessary.