

Case Number:	CM15-0139776		
Date Assigned:	07/29/2015	Date of Injury:	11/09/1995
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
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 54-year-old who has filed a claim for chronic low back pain with derivative complaints of depression reportedly associated with an industrial injury of November 9, 1995. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced office visits of June 2, 2015 and May 22, 2015 in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of low back pain. The applicant had undergone earlier failed lumbar spine surgery. The applicant's medications included morphine, ketamine, baclofen, Ambien, Fioricet, Cymbalta, and Viagra, it was reported. The applicant was described as having painful indwelling fusion hardware. The applicant was asked to pursue a hardware removal. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In an earlier note dated January 27, 2015, it was again noted that the applicant was using a variety of medications to include baclofen, morphine, a ketamine containing cream, Ambien, Fioricet, Cymbalta, and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Cr 12.5mg tablet SIG 1 at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

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) Pain (Chronic), 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. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, 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. Similarly, ODGs Chronic Pain Chapter Zolpidem topic also notes that Ambien is recommended in the short-term treatment of insomnia. Here, however, the request for Ambien represented a renewal or extension request for the same. The applicant had been using the same for what appeared to be a minimum of several months. Continued usage of the same, thus, ran counter to both FDA and ODG principles and parameters. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence to support such usage in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.