

Case Number:	CM15-0143572		
Date Assigned:	08/04/2015	Date of Injury:	10/01/2004
Decision Date:	09/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/24/2015

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, California

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 38 year old male, who sustained an industrial injury on 10-1-04. He has reported initial complaints of low back pain after an injury at work. The diagnoses have included anxiety, insomnia and depressive disorder, not otherwise specified. Treatment to date has included medications, ice, diagnostics, chiropractic, physical therapy, consultation, and psychiatric care. Currently, as per the physician follow up psychiatric consultation report note dated 5-6-15, the injured worker complains of anxiety, depression, crying episodes, insomnia, low energy levels and sociability is low. The mental status exam reveals that he has a serious mood, he is less anxious and depressed with occasional smiling, and there is no laughing or weeping. The injured workers thought content is less tense and dysphoric. The current medications included Ativan, Ambien, and Cymbalta. Past medicine list include Ibuprofen, Ultram, Tylenol, Prilosec, Zoloft, Restoril and Soma. The physician requested treatment included 1 prescription of Ambien 10mg #30 with 2 refills for insomnia. The patient has had MRI of the lumbar spine on 4/15/2008 that revealed disc protrusions, foraminal narrowing, and degenerative changes; EMG on 1/30/2009 that revealed lumbar radiculopathy. The patient has had history of GERD with NSAID use. The patient had received an unspecified number of the PT and acupuncture visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/15).

Decision rationale: The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." This request is for 30 tablets of Ambien with 2 refills which is for a total of 3 months or about 12 weeks. A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The patient's medication list includes Lorazepam. The detailed response of Lorazepam was not specified in the records specified. Rationale for adding an additional medication for insomnia was not specified in the records specified. The medical necessity of the request for prescription of Ambien 10mg #30 with 2 refills is not fully established for this patient, given the records provided and the guidelines cited. When discontinuing a medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.