

Case Number:	CM15-0148658		
Date Assigned:	08/11/2015	Date of Injury:	10/19/2010
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 10-19-10. The injured worker was diagnosed as having unspecified disorder of male genital organs, inguinal hernia, unspecified neuralgia neuritis and radiculitis, and abdominal pain. Treatment to date has included a home exercise program and medication. The injured worker had been taking Ambien since at least 12-16-14. On 3-17-15 the injured worker reported not sleeping due to stress. The injured worker was taking Ambien on occasion. Currently, the injured worker complains of right testicular pain. The treating physician requested authorization for Ambien 5mg #45 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #45 x 3 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 (ODG), Pain - 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in October 2010 and is being treated for chronic inguinal and abdominal pain after hernia surgery and anxiety depression. Treatments include psychotherapy and medications. When seen, there was a normal BMI. There was inguinal hypersensitivity and pain. Medications have also included Remeron and Trazadone. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Multiple medications for insomnia have been prescribed with either poor result or with adverse side effects. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien is not medically necessary.