

Case Number:	CM15-0149109		
Date Assigned:	08/12/2015	Date of Injury:	05/14/2002
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
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: 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 injured worker is a 67 year old male who sustained an industrial injury on 5-14-2002. Diagnoses have included cervical facet pain; cervical degenerative disc disease and chronic headache due to neck pain. Treatment to date has included medication (Norco and Ambien). The provider's progress note dated 5-29-2015 reported the injured worker complained of neck pain associated stiffness and sharp, shooting pain into the occipital area. The documentation noted that the injured worker had been suffering from shaking and seizures over the past year and the provider-documented discussion to decrease the Ambien due to this seizure activity. On exam there was cervical paraspinal muscle tenderness and spasms, cervical facet joint tenderness bilaterally, limited cervical range of motion, upper extremity weakness 4/5 bilaterally and psychiatric exam showing anxiety and depression. The plan was a refill of Ambien to help sleep but decrease use to every other day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008;4(5):487-504 2) American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting, selective gamma-aminobutyric acid (GABA) receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. The American Psychiatric Association guidelines notes less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking zolpidem for longer than 6 weeks. A full evaluation for the etiology for his chronic insomnia has not been done nor was there documentation of daytime impairment. The medical necessity for continued use of this medication has not been established.