

Case Number:	CM15-0160067		
Date Assigned:	08/26/2015	Date of Injury:	11/05/1991
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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, Florida, 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:

This 66 year old male sustained an industrial injury on 11-05-91. Diagnoses include depression. The injured worker continues to experience depression, anxiety, increased apprehension, diminished interest in previously enjoyed activities and sleep disturbances. Treatments to date include psychotherapy and prescription medications. Upon examination, the injured worker scored 20 of 30 on the Montreal Cognitive Assessment and did not correctly draw a cube. He was able to recall 4 of 5 words upon immediate recall and 0 of 5 words upon delayed recall. A request for Ambien 10 mg #30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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-Treatment in Workers' Compensation Pain Procedure Summary last updated 07/15/2015 Mosby's Drug Consult 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) Pain section, under Zolpidem.

Decision rationale: This claimant was injured in 1991. Diagnoses include depression. The injured worker continues to experience depression, anxiety, increased apprehension, diminished interest in previously enjoyed activities and sleep disturbances. Treatments to date include psychotherapy and prescription medications. Upon examination, the injured worker scored 20 of 30 on the Montreal Cognitive Assessment and did not correctly draw a cube. He was able to recall 4 of 5 words upon immediate recall and 0 of 5 words upon delayed recall. A request for Ambien 10 mg #30 was made by the treating physician. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) This is a special concern in this case, where the claimant is already depressed. I was not able to find solid evidence in the guides to support long term usage. The medicine was appropriately non-certified and therefore is not medically necessary.