MAXIMUS Federal Services

Case Number:	CM15-0163319		
Date Assigned:	08/31/2015	Date of Injury:	02/26/2003
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 58-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 27, 2003. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced progress notes of July 1, 2015 and June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant presented with ongoing complaints of low back pain status post multiple failed lumbar spine surgeries. The applicant's medications included Tenormin, Lotrel, Zocor, Zomig, Viagra, Ambien, Lyrica, Seroquel, methadone, and Soma, it was reported. Multiple medications were renewed and/or continued including methadone and Soma. The applicant was described as using Ambien as of an earlier note dated May 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg QTY: 30 (30 day supply) with one (1) refill: Upheld

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

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) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration. INDICATIONS AND USAGE.

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, the 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), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the 30-tablet, one-refill supply of Ambien at issue, in and of itself, represents treatment in excess of the FDA label. In a similar vein, ODG's Mental Illness and Stress Chapter, Zolpidem topic also notes that zolpidem or Ambien is not recommended for long-term use purposes, but, rather, should be reserved for short-term use purposes. Here, thus, continued usage of Ambien was at odds with both the FDA label and the ODG position on the same. Therefore, the request was not medically necessary.