MAXIMUS Federal Services

Case Number:	CM15-0165550		
Date Assigned:	09/03/2015	Date of Injury:	06/19/2008
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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, 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 64-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 19, 2008. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for Ambien apparently prescribed and/or dispensed on or around August 4, 2015. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. A lumbar epidural steroid injection, new MRI, Tylenol with Codeine, and Ambien were endorsed. The applicant was not working and last worked in 2010, it was reported. In a handwritten progress note dated April 26, 2015, Tylenol with Codeine and Ambien were seemingly renewed. On July 31, 2015, the applicant was asked to continue current medications. Acupuncture and physical therapy were also endorsed. On August 4, 2015, Ambien and Tylenol No. 4 were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ambien 10mg (dispensed on 08/04/15) #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, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. 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.

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien, in effect, ran counter to the FDA label. The applicant had been using Ambien for what appeared to be a minimum of several months prior to the date in question, August 4, 2015. ODG's Mental Illness and Stress Chapter Zolpidem topic likewise notes that Ambien is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the attending provider failed to furnish a clear or compelling rationale so as to support continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.