

Case Number:	CM15-0167388		
Date Assigned:	09/08/2015	Date of Injury:	06/25/2006
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 48 year old female who sustained an industrial injury on 06/25/2006. She suffers from neck and upper back pain rated 8/10, and bilateral shoulder pain with right upper extremity paresthesia and swelling rated 8-9/10. She reports that pain with medications is 4/10, without is 9/10. She is status post right shoulder surgery in 2009, after which she developed depression due to lack of improvement. She has received physical therapy and pain medication. On 08/27/15, a neurology office visit showed her to continue to suffer pain as described above. She was given Oxycodone 30mg, Neurontin, and Prilosec for GERD. Mood and affect were slightly depressed. Ambien was recommended to be continued but no complaints were reported. She has been in seeing [REDACTED] for psychiatric medication management. On 08/28/15, she complained of depression, anxiety, and reported difficulty sleeping and feeling tired and fatigued. Her PHQ9 was 19, and GAD7 was 15. Diagnoses are major depressive disorder recurrent severe and panic disorder with agoraphobia. She received CBT. Medications included Zoloft, clonazepam 1mg BID prn, and Seroquel XR 200mg QHS. [REDACTED] requested zolpidem ER 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER (Ambien) 12.5mg #30, date of service: 8-10-15: 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) Ambien (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding zolpidem ER. Official Disability Guidelines Mental Illness & Stress.

Decision rationale: Zolpidem is recommended for short-term use for the treatment of insomnia, usually two-six weeks. Other than reporting difficulty sleeping, there are no symptoms of insomnia reported such as sleep initiation, mid sleep awakening, etc. There is no documentation provided that other means were attempted such as sleep hygiene education. The patient is on Seroquel XR at HS, an atypical antipsychotic used to augment an anti-depressant which has the added benefit of aiding in sleep difficulties. In fact it is often used off label for insomnia. This request is noncertified, therefore is not medically necessary.