

Case Number:	CM15-0167923		
Date Assigned:	09/09/2015	Date of Injury:	01/15/2010
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 54 year old female, who sustained an industrial injury on 1-15-10. Initial complaint was of her lumbar spine after a slip and fall type injury. The injured worker was diagnosed as having spinal stenosis lumbar region; cervical spine stenosis; lumbar spondylosis without myelopathy; facet arthropathy; insomnia; degenerative disc disease lumbar; hypertension; osteoarthritis; obesity; sleep apnea; type II diabetes mellitus; chronic pain syndrome; adjustment disorder; pain disorder associated with both psychological factors and general medical condition; anxiety; major depressive disorder. Treatment to date has included physical therapy; psychiatric therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (2-18-15). Currently, the PR-2 notes dated 6-11-15 are of an "Agreed Medical Evaluation" (AME) indicated the last time the provider evaluated the injured worker was 1-20-15 and her condition has not significantly changed. The report is 10 pages in length. She continues to complain of neck and back symptoms that have limited her ability to function due to her industrial injury of 1-15-10. She has a prior history of radicular symptoms due to injuries but no neck injuries prior to this date. A PR-2 dated 5-31-15 is titled "psychological Update Report". These notes indicate the injured worker is dealing with a lot of anxiety and feels overwhelmed which is the reason for her therapy services. The notes report when she has racing thoughts or feels overwhelmed her pain level increased, this therapy helps her gain control. PR-2 notes dated 3-20-15 indicate the injured worker was able to get 4 hours of sleep taking Ambien 10mg. Medical documentation submitted indicates the injured worker has been receiving Ambien 10mg since October 29, 2014 per PR-2 notes dated 5-5-15. A Request

for Authorization is dated 8-26-15. A Utilization Review letter is dated 8-3-15 and non-certification was for Ambien 10mg #30. The provider is requesting authorization of Ambien 10mg #30.

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, Pain Chapter, 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) Mental Illness & Stress/Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults". The request for Ambien 10mg #30 is excessive and not medically necessary as per guidelines, it is indicated only for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for a 30-day supply is not clinically indicated.