

Case Number:	CM15-0169515		
Date Assigned:	09/10/2015	Date of Injury:	10/27/1993
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 63 year old male, who sustained an industrial injury, October 27, 1993. According to progress note of August 2, 2015, the injured worker's chief complaint was insomnia. The injured worker continued to wake up at night "Yelping" with pain. The injured worker had morning grogginess and does not drink. The injured worker had little interest in or pleasure in doing things. The injured worker takes Oxycontin and Percocet two times daily but pain was not controlled. The chronic pain was affecting daily activities and functionality unfortunately. The injured worker struggled with coping with this along with sleep disruption and waking up in pain. The physical exam noted the injured worker moved all extremities normally. The injured worker was pleasant and normally oriented, mood appropriate but mildly down. The injured worker had some issues with sadness and hopelessness but denied suicidal ideations. According to the plan the Ambien was continued however the injured worker continued to have sleep issues and nightmares for the post-traumatic stress disorder. According to the progress note of June 5, 2010, the injured worker had been taking Ambien CR 12.5mg since then. The injured worker was diagnosed with posttraumatic stress disorder, insomnia, degenerative disc disease of the lower back. The injured worker previously received the following treatments Ambien for insomnia, Sertraline for anxiety, weaning off Percocet, Oxycontin and Cymbalta. The RFA (request for authorization) dated August 2, 2015, the request for a prescription for Ambien 12.5mg. The UR (utilization review board) denied certification on August 6, 2015, for the prescription for Ambien. The denial was based on the injured worker continued to wake up in the night despite the use of the Ambien. Based upon these findings the prospective request for 60 Ambien 12.5mg was recommended for non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #60: 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) Mental Illness & Stress: Duloxetine (Cymbalta) 2015, Mental Illness & Stress: Insomnia treatment (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.