

Case Number:	CM15-0184280		
Date Assigned:	09/24/2015	Date of Injury:	12/07/2012
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, with a reported date of injury of 12-07-2012. The diagnoses include anxiety disorder, pain disorder with agoraphobia, cervical spine strain with multi-level herniated nucleus pulposus, thoracic spine strain, lumbar spine strain with multi-level herniated nucleus pulposus, and traumatic brain injury with post concussion signs and symptoms. Treatments and evaluation to date have included Ambien (since at least 03-2015), Ativan, cervical epidural steroid injection, lumbar epidural steroid injection, Norco, Ibuprofen, topical pain medication, and Lorazepam. The diagnostic studies to date have included a urine drug screen on 07-30-2015 which was positive for benzodiazepines, opiates, and oxycodone and inconsistent for Codeine and Zolpidem; a urine drug screen on 06-11-2015 which was positive for benzodiazepines, opiates, and oxycodone; a urine drug screen on 05-14-2015 which was positive for benzodiazepines, opiates, and oxycodone and inconsistent for Zolpidem; a urine drug screen on 04-02-2015 which was inconsistent for Zolpidem and Hydrocodone; and a urine drug screen on 03-25-2015 with inconsistent findings. The follow-up psychiatric consultation report dated 07-24-2015 indicates that the injured worker was "mentally about the same on Ambien and Ativan but Ativan is not strong enough." The injured worker reported reduced anxiety, tension, and irritability; depression which was the same; reduced insomnia; reduced bad dreams of accident; reduced hyper alertness; increased appetite and weight; low energy level; low memory and concentration; and panic attacks and fear of places (agoraphobia). The injured worker denied having crying episodes, feelings that life was not worth living, suicidal ideas, flashbacks, audio or visual hallucinations, or being a danger to himself or others. The mental status

examination showed cooperation, friendliness, a much less dysphoric mood, frequent smiling, no panic attacks, no thought disorder, oriented to time, place, person, and purpose, and intact judgment and insight. The treatment plan included Ambien 10mg, one at bedtime as needed for insomnia. The request for authorization was dated 08-05-2015. The treating physician requested Ambien 10mg #30. On 08-21-2015, Utilization Review (UR) non-certified the request for 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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with neck, low back, and SI joint pain. The patient renders the following complaints, anxiety, depression, insomnia, and panic attacks and agoraphobia. The request is for Ambien 10MG #30. The request for authorization is dated 09/11/15. Mental status examination reveals the patient exhibits a much less dysphoric mood. There is frequent smiling, rare laughing and no weeping. He does not exhibit panic attacks or obsessive rituals. The patient's thought content is much less tense and dysphoric, consistent with the mood and circumstances. There is no thought disorder. The patient is well focused in the examination. He answers questions promptly and appropriately. The patient denies psychotic symptoms or thoughts of harming himself or others. The patient is correctly oriented as to time, place, person, and purpose. His intelligence is estimated to be within normal limits. The patient's judgment and insight are intact at this time with no impaired reality testing. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per progress report dated 08/21/15, treater's reason for the request is "insomnia." Patient has been prescribed Ambien since at least 03/06/15. However, ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, treater does not discuss Ambien will be used for short-term and no more than 10 days. Furthermore, the request for additional Ambien #30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.