

Case Number:	CM15-0184317		
Date Assigned:	09/24/2015	Date of Injury:	12/19/2014
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 58 year old male, who sustained an industrial injury on 12-19-2014. The injured worker is undergoing treatment for: Cervical spinal stenosis, cervical spondylosis without myelopathy. On 7-24-15, he reported taking Ambien for sleep issues. The provider indicated "hoping that he can come off Ambien" and placing him on Trazodone. On 8-7-15, he pain to the neck and upper extremity. He indicated he utilizes Ambien for sleep on a nightly basis and had tried Trazodone previously which "did not help with his sleep". Physical findings revealed normal muscle tone of the upper and lower extremities bilaterally, no abnormalities of gait and a notation of "patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation". He was discontinued on Trazodone. On 8-10-15, he reported having headaches. There is no discussion regarding efficacy of Ambien. On 8-16-15 a supplemental report indicated psychological testing had been performed on 7-24-15 and gave determination of the injured worker being a candidate for a functional restoration program. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (1-14-15), medications, cervical epidural steroid injection, ice, heat, TENS. Current medications include: Cyclobenzaprine, Gabapentin, Nabumetone, Protonix, Trazodone, and Hydrocodone-acetaminophen. The records are unclear when Ambien was originally prescribed; however do indicate he has been utilizing Ambien since July 2015, possibly longer. Other medications have included: Hydrocodone, Advil, Tylenol, and Trazodone. Current work status: modified duty. The request for authorization is for: Ambien 10mg quantity 15. The UR dated 8-24-2015: non-certified Ambien 10mg quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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, 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) Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation of sustained efficacy with regular Ambien usage. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.