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| Case Number: | CM15-0184605 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 07/22/2009 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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, Indiana, 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 60 year old female, who sustained an industrial injury on 07-22-2009. She has reported subsequent neck, right hand and left shoulder pain, anxiety, depression and insomnia and was diagnosed with rotator cuff injury, adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included acupuncture, anti-depressant medication, sleep medication, benzodiazepine medication, pain medication and cognitive-behavioral therapy. Ambien was prescribed as needed for insomnia on 04-24-2015. Subsequent visit notes indicate that insomnia was reduced but there was no documentation of the injured worker's sleep hygiene, duration of sleep with and without use of the medication and quality of sleep dated prior to the utilization review. In a psychiatric consultation report dated 07-24-2015, the injured worker reported reduced anxiety, tension and irritability, somewhat reduced depression, reduced panic attacks, increased energy level and reduced insomnia. Mental status examination revealed good grooming, somewhat less tense and dysphoric mood, increase in smiling, good eye contact and focus, less tense and dysphoric thought content and intact judgment and insight. There was no specific documentation regarding the effectiveness of Ambien or the injured worker's sleep quality other than the statement that insomnia was reduced. A request for authorization of Ambien 10 mg, 1 every night at bedtime as needed for insomnia, #30 (refills not specified), related to submitted diagnosis of anxiety and depression was submitted. As per the 08-24-2015 utilization review, the request for Ambien 10 mg, 1 every night at bedtime as needed for insomnia, #30 (refills not specified), related to submitted diagnosis of anxiety and depression was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, 1 every night at bedtime as needed for insomnia, #30 (refills not specified), related to submitted diagnosis of anxiety and depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress; ODG-TWC, Section: Neck and Upper Back (Acute & Chronic); Pain (Chronic).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg, 1 every night at bedtime as needed for insomnia, #30 (refills not specified) related to submitted diagnoses of anxiety and depression is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7- 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis is adjustment disorder with mixed and depressed mood. The date of injury is July 22, 2009. Request for authorization is August 16, 2015. According to a progress note dated April 28, 2015, the treating provider prescribed Ambien 10 mg. According to a July 24, 2015 progress note the treating provider continue to refill Ambien. Subjectively, the injured worker is being treated for anxiety, tension and irritability that has improved. There is no discussion of objective improvement in sleep. The guidelines recommend Ambien for short-term (7-10 days). Treating provider has continued Ambien in excess of three months, at a minimum. The start date is not specified. The prescription in the treatment plan contains a clinical indication of insomnia. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of three months with guideline recommendations of 7-10 days, Ambien 10 mg, 1 every night at bedtime as needed for insomnia, #30 (refills not specified) related to submitted diagnoses of anxiety and depression is not medically necessary.