

Case Number:	CM15-0184988		
Date Assigned:	09/25/2015	Date of Injury:	05/06/2005
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 43 year old male whose date of injury was May 6, 2005. Medical documentation indicated the injured worker was treated for status post low back fusion, lumbar radiculopathy, and chronic myofascial pain. Documentation from 5-14-15 indicated the injured worker would be weaned from Ambien. On 6-9-15 the evaluating physician noted that he accepted the authorized modified quantity of Ambien and would continue to wean the medication as tolerated. On 7-7-15 the evaluating physician noted that the injured worker had tried to reduce Ambien but the injured worker reported "this has been a disaster." He struggled throughout the nighttime from turning difficulty, falling asleep and when he was able to fall asleep he would sleep no more than one or two hours without the use of Ambien. The evaluating physician noted that he would request the injured worker to have his primary care physician address the use of Ambien. On 8-4-15 the injured worker reported continued low back pain and intermittent neuropathic pain into the lower extremity. He had muscle tension with palpation and taut muscle band in the low back. Straight leg raise was positive on the right and he continued to have decreased sensation along the right S1 dermatomal pattern. His lumbar spine range of motion was forward flexion to 50 degrees and extension to 50 degrees. He used Ambien once per night and it allowed him to sleep. He was fresher with a good night sleep and able to function better throughout the day. The evaluating physician discussed with the injured worker that the evaluation for Ambien be transferred to the injured worker's primary care physician. The provider agreed to prescribe one last month of Ambien and then it would be discontinued from his services. A request for authorization for Ambien 10 mg #30 was received on August 4, 2015. On August 25, 2015, the

Utilization Review physician modified Ambien 10 mg #30 to Ambien 10 mg #10 based on the Official Disability Guidelines.

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 (ODG), Treatment Index, 13th Edition (web), 2015, 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) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records reveal that the injured worker's insomnia stems from chronic pain. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has been taking ambien in a chronic nature for an extended period, which is not supported by the guidelines. Prior reviews have been approved for weaning purposes only but the medication continues to be used chronically. The request for Ambien 10mg #30 is determined to not be medically necessary.