

Case Number:	CM15-0186943		
Date Assigned:	09/28/2015	Date of Injury:	03/18/2014
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/22/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 46 year old female who sustained an industrial injury on March 18, 2014. Primary treating office visit dated May 2015 reported subjective complaint of "becoming increasingly irritable and also has difficulty trusting at work." She has transitioned well during her return to work but "continues to describe feelings of uncertainty related to her family and career. She exhibits profound symptoms of depression marked by sobbing, apathy, and loss of interest, flashbacks, anxiety, insomnia and decreased energy. The following diagnoses were applied to this visit: unspecified depressive disorder; somatic symptom disorder with predominant pain, moderate, and psychological factors affecting medical condition. Primary follow up dated March 12, 2015 reported current medications consisted of: Cymbalta, Ambien, and Atarax. She is noted in morning with the loss of her mother. Objective assessment found: the patient taking these medications for a year now. There is noted "functional benefit with medication management." On September 14, 2015 a request was made for Ambien 5mg #60 that was noncertified by Utilization Review on September 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60, per 06/10/2015 order qty: 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), Pain (updated 07/15/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Per guidelines, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for Ambien 5mg #60, per 06/10/2015 order qty: 60 is excessive and not medically necessary. It is also to be noted that FDA recommends 5 mg as the max dose for females because of the cognitive impairment associated with the use of this medication.