

Case Number:	CM15-0194479		
Date Assigned:	10/08/2015	Date of Injury:	12/09/2009
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/02/2015

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 52 year old female, who sustained an industrial injury on 12-9-2009. Diagnoses include depression and anxiety. Treatments to date include medication therapy, group therapy, and individual psychotherapy. The psychiatric reported dated 8-14-15, indicated a history of medication management for persistent symptoms of depression, anxiety and stress-related medical complaints. Current medications prescribed Atarax, Ambien, and Wellbutrin since at least 4-13-15. She complained of difficulty getting to sleep, excessive worry, weight gain, inability to relax, panic attacks, palpitation, nausea, shaking, as well as tension headaches, muscle tension, and abdominal pain-cramping. The physical examination documented depressed facial symptoms, visible anxiety, and emotional withdrawal. Improvement in symptom and functions included getting along better, improved concentration, less yelling and can sleep better. The plan of care included ongoing medication therapy. The appeal requested authorization for Ambien 10mg #30. The Utilization Review dated 10-2-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg QTY 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Insomnia treatment.

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, under Zolpidem.

Decision rationale: The current request is for Ambien 10 MG qty 30.00. The RFA is dated 08/25/15. Treatments to date include left shoulder scope and Mumford procedure on 05/17/13, left knee surgery 2012, medication therapy, injections, splint, physical therapy, group and individual psychotherapy. The patient may returned to modified duty. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting non-benzodiazepine 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. Per report 08/14/15, the patient suffers from chronic pain, depression, anxiety and stress-related medical complaints. Current medications prescribed Atarax, Ambien, and Wellbutrin. She complained of difficulty getting to sleep, excessive worrying, weight gain, inability to relax, panic attacks, palpitation, nausea, shaking, as well as tension headaches. The treater recommended a refill of medications. The patient has been prescribed Ambien since 04/20/15. While this patient presents with chronic pain and insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets, in addition to prior use, does not imply the intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.