

Case Number:	CM15-0195708		
Date Assigned:	10/09/2015	Date of Injury:	05/24/2012
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This is a 56 year old male whose date of injury is 05/24/2012. He suffers from depression, insomnia, back pain, and knee pain. He was on Belsomra for insomnia from 04/2015-07/2015. On 07/22/2015 he reported feeling depressed, having good sleep with medications, continued shoulder and knee pain, double vision, and poor energy. He showed psychomotor agitation. He was started on Ambien as needed for insomnia. On 08/20/2015 he indicated that he was only sleeping three to four hours each night. On 09/18/2015 the patient reported less depression. With medication he slept four to five hours a night, without medications he can go three to four days without sleep. His exam was unchanged since that of 07/22/15. He was started on Seroquel XR 50mg for depression and sleep. Brintellix 20mg daily and Ambien 10mg prn were continued. UR of 09/28/15 partially certified a request for Ambien to #15 from #30 to allow for safe taper.

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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Ambien. ODG. Mental Illness & Stress. Insomnia Treatment Zolpidem.

Decision rationale: Zolpidem is a nonbenzodiazepine sedative hypnotic, which is not recommended for long-term use, but recommended for short-term use, usually two to six weeks, in the treatment of insomnia. The patient previously took Belsomra with good results, it is unclear why this was discontinued. Belsomra is a safe choice for chronic insomnia treatment. On 09/18/15 he was started on Seroquel XR for both depression and insomnia, and length of time has been exceeded for use of zolpidem. This request is noncertified. Therefore, the request is not medically necessary.