

Case Number:	CM15-0199579		
Date Assigned:	10/14/2015	Date of Injury:	08/14/2012
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/10/2015

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: Texas, New York, 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:

The applicant is a represented 54-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 14, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for Ambien. A September 2, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 2, 2015 office visit, the applicant reported ongoing complaints of shoulder pain. The attending provider contended that the applicant was working in one section of the note. The attending provider stated that the applicant's pain complaints were reduced by 50% as a result of ongoing medication consumption. The applicant was using Ambien for insomnia secondary to pain complaints, it was reported. The applicant was given a shoulder corticosteroid injection while Norco, Motrin, and Ambien were renewed. On April 27, 2015, it was again suggested that the applicant was using Ambien on a nightly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30, per 09/02/15 order: 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 09/08/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines Food and Drug Administration, FDA approved labeling 4.23.08.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support said usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had had seemingly been using Ambien for a minimum of several months prior to the date of the request, September 2, 2015. The renewal request for Ambien, thus, was at odds with both the FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which also notes that zolpidem or Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.