

Case Number:	CM15-0201015		
Date Assigned:	10/16/2015	Date of Injury:	07/30/2003
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 46-year-old male who sustained an industrial injury on 7-30-2003 and has been treated for chronic pain, low back pain, and insomnia. Documented treatment includes a microdiscectomy in 2004, L5-S1 fusion in 2009, and medication including Butrans, Norco, Arthrotec, Amitriptyline and Benazepril. He has been prescribed Ambien for insomnia noted in the medical record since at least 12-2-2014. On 8-24-2-2015 the injured worker was seen for radiating low back pain rated as 4 out of 10 on the visual analog scale, and described as sharp and throbbing. Treatment states "stable" with continued Ambien, but there is no discussion of hours of sleep, attempts at sleep hygiene, or nature of sleep quality. The treating physician's plan of care includes Ambien 10 mg #90 which was modified on 9-30-2015 to #45. The injured worker is noted as working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #90: 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 in Workers Compensation, 5th Edition, Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information. Approach to the patient with insomnia.

Decision rationale: The MTUS is silent regarding the use of Ambien for chronic insomnia. The FDA has approved the use of Ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case the patient has been using Ambien long term for the treatment of insomnia. Furthermore, non-pharmacologic approaches have not been documented. The continued use is not medically appropriate.