

Case Number:	CM15-0202647		
Date Assigned:	10/19/2015	Date of Injury:	08/31/1995
Decision Date:	12/04/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/14/2015

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 75-year-old who has filed a claim for chronic low back, foot, hip, and wrist pain reportedly associated with an industrial injury of August 31, 1995. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced an RFA form received on August 26, 2015 and an associated office visit of August 19, 2015 in its determination. The applicant's attorney subsequently appealed. On October 14, 2015, the applicant reported multifocal complaints of neck, low back, lower extremity, hip, hand, and foot pain, collectively rated at 7/10. The applicant's quality of life had worsened since the last visit, it was reported. The applicant's sleep quality was poor, the treating provider acknowledged. The applicant was using a variety of medications to include Ambien, Linzess, Norco, Colace, methadone, and MiraLax, it was reported. The applicant was not working, it was acknowledged, following imposition of permanent work restrictions. On a September 23, 2015 RFA form, multiple medications were renewed. On November 4, 2015, the applicant reported multifocal complaints of low back, hip, knee, and leg pain. The applicant's medication lists included methadone, Norco, Neurontin, Ambien, Senna, Skelaxin, and Xanax, it was reported. The applicant had undergone bilateral total hip arthroplasties and a right total knee arthroplasty procedure, it was reported. On April 26, 2015, the applicant was again described as using a variety of medications, to include the Ambien at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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, Pain, Zolpidem (Ambien).

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 U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

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 label purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien was at odds with both the FDA label and with ODGs Mental Illnesses and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for a long-term use but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.