

Case Number:	CM15-0202830		
Date Assigned:	10/21/2015	Date of Injury:	06/16/2003
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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, California

Certification(s)/Specialty: Family Practice

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 41 year old male patient, who sustained an industrial injury on 06-16-2003. The diagnoses include mechanical back pain with associated facet arthrosis. Per the medical records dated 07-06-2015, the subjective complaints were noted as back pain. The objective findings revealed unchanged neurological function. Pain was noted as 7 out of 10. No mention in regard to insomnia or sleep disturbance was noted. Current medications were not listed on 07-06-2015. He has undergone medial branch block at L3-4 on 8/27/15. Other therapy done for this injury was not specified in the records provided. The Utilization Review (UR) was dated 10-13-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Ambien 10 mg for 2 months was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg for 2 months: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter : Pain (updated 10/09/15) Zolpidem (Ambien®).

Decision rationale: Q-- Ambien 10 mg for 2 months: Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A detailed rationale for the long term use of Ambien is not specified in the records provided. Detailed history related to insomnia is not specified in the records provided. A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10 mg for 2 months is not fully established for this patient at this time given the medical records submitted and the guidelines referenced.