

Case Number:	CM15-0205977		
Date Assigned:	10/22/2015	Date of Injury:	03/21/2002
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old female with a date of injury on 03-21-2002. The injured worker is undergoing treatment for major depression disorder, anxiety disorder and insomnia. A physician progress note dated 10-07-2015 documents the injured worker presented today for a psychiatric update and medication management. She continues to have nightmares related to her experience. She initially was held at gunpoint in a robbery, and recently she went to the Emergency Department due to a complication of her neck surgery and there were gunshot victims in the Emergency Department and it resurfaced her PTSD. She is alert and oriented, and is less guarded than previous with how she moves. She is cooperative and makes adequate eye contact. She takes the Ambien for insomnia as needed. Treatment to date has included status post anterior cervical discectomy and fusion in 2001, and on 06-24-2015 she underwent a C5, C6, and C6-C7 anterior decompression and cervical fusion. Current medications include Cymbalta, Abilify (since at least 05-05-2015), Niravam, Ambien, Prazosin, and Trazadone. A urine drug screen done on 06-23-2015 and 09-17-2015 was inconsistent based on declared prescriptions. The Request for Authorization dated 10-08-2015 includes cognitive behavioral therapy once a week for 6 weeks, and medications, Cymbalta 60mg #60, Abilify 15mg #30, Niravam 0.5mg #20, Ambien, Trazodone 50mg #60, and Prazosin 1mg #30-all with one refill. On 10-16-2015 Utilization Review non-certified the request for Ambien 10mg, #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 1 refill: 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 (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4 (5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 12/06/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 46.0. UpToDate. Accessed 12/06/2015.

Decision rationale: Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The FDA encourages the lowest dose possible be used in women and frail people. There was no documented sleep assessment containing the majority of the elements recommended by the literature, report indicating how often the member used zolpidem, suggestion of why a higher than usual dose was needed, or detailed description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem) 10mg with one refill is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.