

Case Number:	CM15-0206354		
Date Assigned:	10/23/2015	Date of Injury:	12/08/1997
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

Certification(s)/Specialty: Emergency 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 reported date of injury of 12-08-1997. The diagnoses include neck pain, chronic migraine, bipolar disorder, anxiety disorder, and psychological factors affecting medical condition. The medical report dated 09-17-2015 indicates that the injured worker's migraine headaches have decreased in frequency and severity. It was noted that the ongoing interval sleep disturbance had responded to variable use of higher than 5mg of generic Ambien or generic Klonopin. The objective findings included slight muscle tension, mild agitation, a normal gait, very slight slow speech on an occasional basis, an anxious tone of voice, racing thoughts, fair to good judgment, moderately insightful, intact memory, mild depression, and moderate anxiety. The injured worker's status was noted as permanent and stationary. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Amitriptyline, Nortriptyline, Cyclobenzaprine, Lyrica, Zolpidem (since at least 07-2015), Gabapentin, Lamictal, Butalbital-Acetaminophen-Caffeine, Tramadol, Hydrocodone-Acetaminophen, Ibuprofen, Sumatriptan, Botox injections, and cognitive behavioral therapy. The treating physician requested Zolpidem 5mg #135 (90-day supply) for sleep. On 09-22-2015, Utilization Review (UR) non-certified the request for Zolpidem 5mg #135 (90-day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem TAB 5mg, #135 (90 day supply) with 0 refills: 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), Stress & Mental Illness Chapter - Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Insomnia Treatment).

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The number of tablets requested is not appropriate; it would give the patient over 3months of unmonitored use of a medication that is supposed to be used short term only. The chronic use of Ambien is not medically appropriate and is not medically necessary.