

Case Number:	CM15-0206590		
Date Assigned:	10/23/2015	Date of Injury:	06/27/2001
Decision Date:	12/10/2015	UR Denial Date:	10/10/2015
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: North Carolina, Georgia
 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:

The injured worker is a 68 year old male, who sustained an industrial-work injury on 6-27-01. He reported initial complaints of anxiety and depression. The injured worker was diagnosed as having major depressive disorder and PTSD (post-traumatic stress disorder). Treatment to date has included medication, psychotherapy, and diagnostics. Currently, the injured worker complains of anxiety and insomnia and difficulty concentrating. Per the primary physician's progress report (PR-2) on 9-28-15, exam noted no signs of cognitive difficulty, memory was intact, no signs of anxiety, normal attention span, no hyperactivity, and intact insight. Anxiety symptoms continue. Current plan of care includes medication, therapy, along with exercise and start a healthy diet. The Request for Authorization requested service to include 1 prescription of Zolpidem 5mg #30 and 1 prescription of Zolpidem 10mg #30. The Utilization Review on 10-10-15 denied the request for 1 prescription of Zolpidem 5mg #30 and 1 prescription of Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Zolpidem 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; Zolpidem (Ambien).

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

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep, sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia beyond its mere presence and does not document any other nonpharmacologic interventions. Additionally, it has been used for more than 35 days. Therefore, there is no documentation of the medical necessity of treatment with zolpidem and the UR denial is upheld.

1 Prescription of Zolpidem 10mg #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; Zolpidem (Ambien).

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

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep, sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia beyond its mere presence and does not document any other nonpharmacologic interventions. Additionally, it has been used for more than 35 days. Therefore, there is no documentation of the medical necessity of treatment with zolpidem and the UR denial is upheld.