

Case Number:	CM15-0209385		
Date Assigned:	10/28/2015	Date of Injury:	03/02/2010
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey

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 61 year old male, who sustained an industrial injury on 3-2-2010. The injured worker was being treated for insomnia due to medical condition classified elsewhere. The injured worker (6-19-2015, 7-17-2015, 8-14-2015, and 9-11-2015) reported pain in the head, neck, upper back, both shoulders, both elbows, and both wrists radiating to the arms. He reported pain in the mid and lower back, both knees, ankles, and feet with radiation to the legs. He reported pain caused by non-repaired bilateral inguinal hernia. The injured worker did not report any difficulty sleeping, insomnia, or sleep disturbances. The physical exam (6-19-2015, 7-17-2015, 8-14-2015, and 9-11-2015) revealed that the injured worker was "outwardly depressed and tearful." Surgeries to date have included right shoulder total replacement on 3-4-2015 and lumbar surgery on 5-7-2015. Treatment has included hypnotic (Ambien since at least 1-2015) and antidepressant (Trazodone) medications. Per the treating physician (9-11-2015 report), the injured worker is temporary totally disabled. The treatment plan included continuing Ambien 10mg. On 9-24-2015, the original utilization review non-certified a request for Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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, Pain, Online Version, 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) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there is record of having been prescribed sufficient Ambien 10 mg for daily use. However, there no found recent documentation which showed how effective this medication was. Nor was there any report found on side effects, diagnosis of insomnia, or other methods of treating insomnia, which would be considered first-line. Therefore, there appears to be no evidence for appropriateness and medical necessity for this medication. Regardless, Ambien is not medically necessary.