

Case Number:	CM15-0209765		
Date Assigned:	10/28/2015	Date of Injury:	02/03/2000
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/26/2015

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: Preventive Medicine, Occupational 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 69 year old male, who sustained an industrial injury on 2-03-2000. The injured worker was diagnosed as having chronic back pain, lumbar post laminectomy syndrome, and lumbar disc disorder. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, spinal cord stimulator placement, and medications. On 9-15-2015, the injured worker complains of low backache, rated 3 out of 10 with medications and 7.5 without (unchanged from 8-18-2015 and 7-21-2015). He reported no new problems or side effects. His quality of sleep was "poor" and he reported awakening up to 2 times per night due to pain. His quality of life was rated 8 out of 10 (unchanged from 8-18-2015 and rated 7 out of 10 on 7-21-2015). Medication use included Lidoderm patch, Percocet, Ambien CR 12.5mg at bedtime as needed, and Etodolac. A review of symptoms (psychiatric) noted no positive findings. His appearance was calm, with good communication ability, and no signs of intoxication or withdrawal. The treating physician documented that the injured worker was "continuing to sleep well with use of Ambien QHS PRN," noting that the injured worker reported "with use of Ambien he is able to sleep throughout the night, averaging 7-8 hours." The treating physician documented stability on current medication regimen. His work status was permanent and stationary and he was not working. The use of Ambien CR was noted since at least 4-2015, at which time it was documented that he "has been without Ambien for the past few weeks and hasn't been able to sleep more than 2-3 hrs without medication." On 9-23-2015 Utilization Review non-certified a request for Ambien CR 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30, 1 tablet at bedtime as needed: 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) Chapter: 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 Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. For example, the dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. In this case, the injured worker has been prescribed Ambien since at least April-2015. Chronic use is not recommended by the guidelines. The medical records do not address the potential causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien CR 12.5mg #30, 1 tablet at bedtime as needed is not medically necessary.