

Case Number:	CM15-0209993		
Date Assigned:	10/28/2015	Date of Injury:	05/10/1998
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic shoulder pain and complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of May 10, 1998. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for Zolpidem (Ambien). A September 17, 2015 office visit and an associated September 28, 2015 RFA form were referenced in the determination. On said September 17, 2015 office visit, the applicant reported ongoing complaints of burning upper extremity pain. The applicant's medications included doxepin, Norco, Opana extended release, Ambien, baby aspirin, and Prilosec, it was reported, several of which were renewed and/or continued. The applicant's work status was not clearly reported, although it did not appear that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg #30 with 3 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), Pain, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: No, the request for Zolpidem (Ambien), a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Zolpidem (Ambien) is indicated in the short-term treatment of insomnia for up to 35 days. Continued usage of Ambien, thus, was at odds with both the FDA label and with ODG's Mental Illness and Stress Chapter, which also notes that Zolpidem or Ambien is not recommended for chronic, long-term use purposes, but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.