

Case Number:	CM15-0026667		
Date Assigned:	02/19/2015	Date of Injury:	02/17/2006
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial injury on 2/17/08. The injured worker has complaints of right leg, bilateral low back pain. The documentation noted that after the lights are out it takes her 1-2 hours for her to go to sleep and awakens on the average of 3 times per night with sleep medication. The diagnoses have included insomnia, chronic; depression, chronic; chronic pain syndrome. According to the utilization review performed on 2/3/15, the requested Ambien CR 102.5 #30 with 2 refills; Valium (Diazepam) 10mg #90 refills; 2 and Intermezzo (Zolpidem Tartarte) 1.75mg #30 refills has been non-certified with recommendations to wean. Official Disability Guidelines/Treatment; California Medical Treatment Utilization Schedule (MTUS) Chronic Pain was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 102.5 #30 with 2 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) -Workers' Compensation,Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: Ambien is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency." Ambien could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. Ambien has been used for a long time without any clear evidence of improvement. Therefore, the prescription of Ambien CR #30 is not medically necessary.

Valium (Diazepam) 10mg #90 refills; 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Valium has been used without any documentation of improvement. Therefore, the prescription of Valium (Diazepam) 10mg #90, with 2 refills is not medically necessary.

Intermezzo (Zolpidem Tartate) 1.75mg #30 refills ;: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia treatment, <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: Although the patient was documented to have sleep disturbance, the record do not clarify why this medication was indicated in addition to Ambien CR. In addition the long

term use of sleep medications is not recommended. Therefore, the prescription of Intermezzo 1.75mg #30 is not medically necessary.