

Case Number:	CM15-0027087		
Date Assigned:	02/19/2015	Date of Injury:	02/03/2014
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 27-year-old male, with a reported date of injury of 02/03/2014. The diagnoses include post-concussion syndrome, right shoulder acromioclavicular cartilage disorder, right shoulder subacromial/sub-deltoid bursitis, right wrist status post distal radial fracture, and status post right wrist arthroscopy. Treatments have included x-rays of the right wrist, Norco, Ibuprofen, an MRI of the right upper extremity, two cortisone injections into the right wrist, right wrist arthroscopy and debridement on 11/04/2014, and home exercises. The Initial Comprehensive Orthopedic Evaluation dated 01/06/2015 indicates that the injured worker complained of pain in his neck, head, right shoulder, and right wrist. The injured worker rated the pain in his head 8 out of 10, the pain in his neck, 6 out of 10, the pain in his right shoulder 6 out of 10, and pain in his right wrist 8 out of 10. It was noted that due to the injury, the injured worker had difficulty obtaining a restful sleep, and suffers from insomnia. The treating physician requested Ambien 10mg #15 for insomnia. On 01/14/2015, Utilization Review (UR) denied the request for Ambien 10mg #15, noting that the injured worker had exceeded the recommended time frame for taking this medication. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #15: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 03/24/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 363.0. Up-to-date. Accessed 03/15/2015.

Decision rationale: Ambien (zolpidem tartrate) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed records did not indicate when or why this medication was started. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for fifteen tablets of Ambien (zolpidem tartrate) 10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use, if it was being used, significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.