

Case Number:	CM15-0210512		
Date Assigned:	10/29/2015	Date of Injury:	11/18/2009
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
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: North Carolina

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 54 year old female, who sustained an industrial injury on 11-18-2009. A review of the medical records indicates that the worker is undergoing treatment for lumbar sprain and strain, lumbar facet syndrome, chronic lumbar myofascial pain, depressive disorder, and bilateral trochanteric bursitis. Treatment has included Ativan, Ambien (since at least 05-12-2015), Wellbutrin, Neurontin, Lidoderm patches, Tramadol, Tizanidine and Celebrex. Subjective findings on 07-14-2015 included anxiety, tension, irritability, quick temper and depression some of the time, panic attacks and insomnia due to pain and worry. The worker reported that the psychiatrist had prescribed Ambien but that this medication was not providing sufficient symptom relief. Treatment plan included increased dosages of Wellbutrin and Ativan and continued Ambien for insomnia. Subjective findings (08-13-2015 and 09-09-2015) included reduced anxiety, tension and irritability, reduced depression, increased memory and concentration, reduced panic attacks and reduced insomnia. Objective findings (08-13-2015 and 09-09-2015) included less tense and dysphonic mood, increase in smiling, occasional laughing and no weeping and less tense and dysphonic thought content. Although insomnia was noted to be reduced, there was no documentation of the duration of sleep before and after the use of medication, information regarding the nature of the sleep difficulties or documentation of sleep hygiene. A utilization review dated 10-08-2015 non-certified a request for Ambien 10 mg #30.

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 <http://www.drugs.com/pro/ambien.html> - Ambien FDA uses and approvals.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.