

Case Number:	CM15-0213230		
Date Assigned:	11/03/2015	Date of Injury:	08/27/2010
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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 [REDACTED] employee who has filed a claim for chronic neck pain with derivative complaints of depression and insomnia reportedly associated with an industrial injury of August 27, 2010. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for Zolpidem (Ambien). The claims administrator referenced an RFA form received on October 6, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note of September 10, 2015, difficult to follow, not entirely legible, the applicant received a refill of tramadol. The applicant was asked to consult a spine surgeon. There was no seeming mention of the need for Ambien on this date. On a handwritten note dated September 25, 2015, extracorporeal shockwave therapy, a heating pad, a pain management consultation, a psychiatric consultation, an internal medicine consultation, a neurology consultation, a urology consultation, an otolaryngologist consultation, and an orthopedic consultation were sought. No seeming discussion of medication selection or medication efficacy transpired on this date. The applicant's complete medication list was not seemingly detailed or characterized. On a June 2, 2015 psychological progress note, the applicant was placed off of work, on total temporary disability, from a mental health perspective. The applicant was using Effexor and Ambien, it was acknowledged on this date. The applicant was receiving Workers Compensation indemnity benefits and was in the process of pursuing Social Security Disability Insurance (SSDI) benefits, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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. **INDICATIONS AND USAGE;** Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. 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. Here, thus, the renewal request for an additional 30 tablets of Ambien 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 or long-term usage, but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.