

Case Number:	CM15-0217509		
Date Assigned:	11/09/2015	Date of Injury:	02/16/2001
Decision Date:	12/28/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 16, 2001. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve a request for Ambien while apparently approving requests for Duragesic, Senna, Cymbalta, and Xanax. An October 9, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said October 9, 2015 office visit, the applicant reported ongoing issues with chronic low back pain radiating to the left leg, 7 to 8/10. The applicant was given refills of Duragesic, Senna, Ambien, Cymbalta, and Xanax. The applicant's work status was not clearly reported, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #14: Upheld

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

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, Mental Illness & Stress and Other Medical Treatment Guidelines U.S. Food and Drug Administration, 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.

Decision rationale: No, the request for 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 Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien represented treatment at odds with the FDA label and also at odds with ODG's Mental Illness and Stress Chapter, Zolpidem topic, which likewise notes that Ambien is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.