

Case Number:	CM15-0221102		
Date Assigned:	11/16/2015	Date of Injury:	08/21/2012
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 8-21-2012. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified, generalized anxiety disorder, psychological factors affecting medical condition, and unspecified neurocognitive disorder. Treatment to date has included diagnostics, mental health treatment, and medications. On 10-05-2015, the injured worker complains of depression, changes in appetite, lack of motivation, difficulty getting to sleep, excessive worry, restlessness, jumpiness, tension, agitation, suspicion, tension headache, muscle tension, decreased energy, emptiness and inadequacy, difficulty staying asleep, inability to relax, pressure, fear that people are following him, erectile dysfunction, pessimism, diminished self-esteem, weight loss, early morning awakening, shaking, nausea, fear of being monitored, peptic acid reaction, abdominal pain- cramping, and constipation. His current sleep pattern-sleep hygiene was not detailed. Current medication regimen was not detailed (10-05-2015) but included Motrin, Ambien 10mg, Soma, and Prilosec (10-01-2015 PR2 report). The use of Ambien was noted since at least 5-2015. His work status remained total temporary disability. On 10-30-2015 Utilization Review non- certified a request for Ambien 12.5mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #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, Pain Chapter, Ambien (Zolpidem); PDR, Ambien (Zolpidem Tartrate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Zolpidem.

Decision rationale: The 46 year old patient complains of neck pain, rated at 5-6/10, radiating to bilateral upper extremities along with numbness and tingling bilaterally, and sleep disruption, as per progress report dated 10/01/15. The request is for Ambien 12.5mg #30 with 2 refills. There is no RFA for this case, and the patient's date of injury is 08/21/12. Diagnoses, as per progress report dated 10/01/15, included headaches, cervical disc degeneration, cervical ligament strain, lumbar arthropathy, and contusion of skull, face, head. Medications included Motrin, Ambien, Soma, and Prilosec. Diagnoses, as per progress report dated 10/05/15, included major depressive disorder, generalized anxiety disorder, and unspecified neurocognitive disorder. The patient is temporarily totally disabled, as per progress report dated 07/30/15. ODG guidelines, Pain (Chronic) under Zolpidem, state that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. "In this case, Ambien is first noted in progress report dated 05/22/15. It is not clear when the medication was initiated. None of the reports document the efficacy of Ambien. However, as per progress report dated 07/30/15, the patient has been provided with general instructions on sleep hygiene including the preclusion of caffeinated beverages, sleep during the day, regular sleep time, and other general advice on sleep time." The treater also indicates that all the prescribed medications act together to provide the desired benefits and "removing one medication could tip the scale to cause worsened symptoms in all areas." There are no significant side effects associated with medications, as per the same report. Nonetheless, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. The current request for # 30 with 2 refills exceeds that recommendation and is not medically necessary.