

Case Number:	CM15-0041207		
Date Assigned:	03/11/2015	Date of Injury:	09/25/2009
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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: Ohio, North Carolina, Virginia
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 50 year old individual, who sustained an industrial injury on 9/25/2009. The current diagnoses are chronic neck pain with right upper extremity radiculitis, chronic low back pain, and status post lumbar surgery. According to the progress report dated 1/12/2015, the injured worker is seen for re-evaluation for chronic pain in the cervical spine, bilateral upper extremities, lower back, and left lower extremity. The pain is rated 6/10 on a subjective pain scale. The current medications are Abilify, Ambien, Bentyl, Carafate, Celebrex, Cymbalta, Flexeril, Gabapentin, Maxalt, Norco, Prilosec, Topamax, and Zanaflex. Treatment to date has included medication management, MRI, and surgical intervention. The plan of care includes Ambien, Abilify, and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #30 with 1 refill: 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), Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Mental Illness and Stress chapter. Insomnia treatment section.

Decision rationale: For insomnia, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. FDA has also approved sublingual zolpidem (Edluar). (FDA, 2009) FDA approved zolpidem tartrate sublingual tablets (Intermezzo) for use as needed for insomnia characterized by middle-of-the-night waking followed by difficulty returning to sleep. (FDA, 2011) Due to adverse effects, FDA now requires lower doses for zolpidem. In this instance, it appears that Ambien has been in chronic, continuous use since at least 9-29-2014. Yet, the injured worker continues to report a sleep disturbance on a 6/10 level. A review of the available record does not contain other insomnia treatment references such as cognitive therapy. Primarily because of the duration of use, Ambien 5 mg, #30 with one refill, is not medically necessary.