

Case Number:	CM15-0052715		
Date Assigned:	03/26/2015	Date of Injury:	01/04/2010
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 45 year old female who sustained an industrial injury on 01/04/2010. Current diagnoses include musculoligamentous strain of the lumbar spine, sprain/strain right ankle, internal derangement of the right knee, and osteoarthritis of the right knee. Previous treatments included medication management and physical therapy. Report dated 02/05/2015 noted that the injured worker presented with complaints that included lower back pain, right knee pain, and right ankle pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. The treatment plan included prescribing Tramadol and Ambien due to insomnia, pending extension for physical therapy, pending authorization for bariatric surgeon consultation, request for pain management evaluation, and return in 4 weeks for follow-up. Disputed treatment includes Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 tab po qhs #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines comment on the use of sedative/hypnotic medications such as Ambien for the treatment of insomnia. These guidelines state the following: Treatment for insomnia should be based on the etiology, with the medications recommended below. 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. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. Ambien is in a class of medications known as non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists). All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). 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. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). In this case there is insufficient information provided to indicate that the patient has undergone an assessment for the cause of her insomnia. Further, the records suggest that Ambien is being used as a long-term treatment for this patient's insomnia. Long-term treatment is not consistent with the recommendations of the Official Disability Guidelines. Finally, the dose of Ambien exceeds the current FDA recommendations for women; the dose should not exceed 5 mg for intermediate release (IR) products. For these reasons, Ambien 10 mg is not considered as a medically necessary treatment.