

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0053040 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 12/06/1999 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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 50-year-old who has filed a chronic neck pain with derivative complaints of posttraumatic headaches and insomnia reportedly associated with industrial injury of December 6, 1999. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for Ambien (zolpidem) while approving a request for Norco. A March 5, 2015 RFA form was referenced in the determination, along with an appeal letter dated March 4, 2015. On December 1, 2014, the applicant reported ongoing pain complaints, 3/10 with medications versus 8/10 without medications. The applicant's primary pain generator was chronic neck pain status post earlier failed cervical spine surgery. Ambien was endorsed for insomnia at this point, seemingly on a renewal basis. On December 1, 2014, the applicant was asked to continue Midrin, BuSpar, meclizine, and Elavil. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. On February 26, 2015, both Norco and Ambien were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 12.5mg #5 with 2 refills of #30: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Indications and Usage, Ambien.

Decision rationale: The request for Zolpidem (Ambien) was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The FDA, however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had seemingly been Ambien for what appears to be a minimum of several months. Such usage, however, is incompatible with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request is not medically necessary.