

Case Number:	CM15-0055185		
Date Assigned:	03/30/2015	Date of Injury:	11/30/2009
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 47-year-old male, who sustained an industrial injury on 11/30/2009. He reported hand pain. Diagnoses include major depressive disorder, recurrent with anxiety disorder. Treatment to date has included hand surgery in 2010 (unspecified), medications, psychiatric care, diagnostics and physical therapy. Per the Psychiatric Evaluation dated 1/20/2015, the injured worker reported depression, "freaking out" he wants to be in a circle. He reported hand pain and increased anxiety. He has had crying spells and decreased sexual desire and dysfunction. Mental status examination revealed normal speech in rate, rhythm and volume. Mood was euthymic to happy. He was laughing during the interview. Thought content was devoid of any suicidal ideations, homicidal ideations or auditory or visual hallucinations. The plan of care included medications and authorization was requested for Zolpidem, Abilify and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30 for insomnia: 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), Ambien (zolpidem); Physician's Desk Reference, 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) Chapter: Mental Illness & StressTopic: Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. 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." Ambien is indicated only for short-term treatment of insomnia for 7-10 days. The request for ongoing use of Ambien is not clinically indicated and thus the request for Zolpidem 10mg #30 for insomnia is excessive and not medically necessary.