MAXIMUS Federal Services

Case Number:	CM15-0056420		
Date Assigned:	04/01/2015	Date of Injury:	06/18/2009
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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 60 year old male, who sustained an industrial injury on 6/18/09. He reported bilateral hand injury. The injured worker was diagnosed as having major depression, herniated nucleus pulposus with multifactorial central canal stenosis of cervical spine, herniated nucleus pulposus of lumbar area, chronic pain and anxiety disorder. Treatment to date has included pain management, epidural injections, oral medications, transdermal medications and Ambien for sleep. Currently, the injured worker complains of difficulty sleeping. Physical exam of 3/4/15 noted decreasing depression. The treatment plan included a request for authorization for Ambien and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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) Zolpidem (Ambien).

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

Decision rationale: The 60 year old patient complains of major depression, chronic pain, and anxiety disorder, as per progress report dated 03/04/15. The request is for AMBIEN 10 mg # 30 WITH 1 REFILL. The RFA for the case is dated 03/05/15, and the patient's date of injury is 06/18/09. Medications, as per progress report dated 03/05/15, included Cymbalta, Wellbutrin and Ambien. Diagnoses, as per progress report dated 03/12/15, included cervical strain, cervical pain, back strain, back pain, cervical degenerative disc disease, lumbar disc degenerative disease, carpal tunnel syndrome, hearing loss, and depression. The patient is totally temporarily disabled, as per the same progress report. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states 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 08/19/14. The treating physician states that Ambien has been extremely helpful for his sleep. The patient has been using the medication consistently at least since then until it was denied. However, in the most recent progress report dated 03/12/15, the treating physician states that Overall he reports that he is doing well and has been able to sleep, although the patient has been without sleeping pills for 10 days. Additionally, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. The current request for # 30 with 1 refill exceeds that recommendation and IS NOT medically necessary.