

Case Number:	CM15-0089149		
Date Assigned:	05/13/2015	Date of Injury:	01/17/2006
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 39-year-old who has filed a claim for chronic low back, mid back, and ankle pain reportedly associated with an industrial injury of January 17, 2006. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced a progress note and associated RFA form of April 3, 2015 in its determination. The applicant's attorney subsequently appealed. On October 9, 2014, the applicant apparently presented with multifocal complaints of gastroesophageal reflux disease, irritable bowel syndrome, hypertension, hypertensive retinopathy, obstructive sleep apnea, and dyslipidemia. The applicant was given refills of Zestril, Tenormin, Dexilant, Citrucel, Colace, simethicone, Lovaza, TriCor, Crestor, probiotics, aspirin, and Restoril, it was reported. On March 5, 2015, the applicant reported 7-9/10 low back pain complaints with derivative complaints of anxiety, psychological stress, and insomnia. Norco and a topical compounded medication were endorsed while the applicant was placed off of work, on total temporary disability. MRI imaging of the lumbar spine were also prescribed. The applicant's complete medication list was not, once again, attached. A March 4, 2015 secondary treating provider progress note stated that the applicant was using Zestril, Tenormin, Dexilant, Citrucel, Colace, simethicone, Lovaza, TriCor, Crestor, probiotics, and aspirin as of that point in time. There was no mention of Ambien. In an April 3, 2015 RFA form, Norco, a topical compounded agent, and Ambien were endorsed. On February 27, 2015, the applicant represented with complaints of low back pain, depression, and anxiety. The applicant was

placed off of work, on total temporary disability. Norco and home health services were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation U.S. Food and Drug Administration NDA 19908 S027 FDA approved labeling 4.23.08.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the Food and Drug Administration (FDA) does acknowledge that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Here, however, the attending provider did not seemingly factor into account the fact that the applicant was using a second anxiolytic/sedative medication, Restoril, into his decision to prescribe Ambien. The attending provider did not clearly state whether the request for Ambien was a first-time request or a renewal request. The attending provider did not state whether or not he intended for the applicant to employ Ambien in an amount, quantity, and/or frequency in excess of the FDA recommendation. Therefore, the request is not medically necessary.