

Case Number:	CM15-0232151		
Date Assigned:	12/07/2015	Date of Injury:	10/16/1999
Decision Date:	01/14/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on October 16, 1999. Medical records indicated that the injured worker was treated for depression and anxiety. Medical diagnoses include major depressive disorder, generalized anxiety disorder and sleep disorder. In the provider notes dated October 23, 2015 the injured worker reported that her appetite is good and her weight is decreasing. "She slept 4-5 hours last night with no naps in the daytime." Her activities include walking. On exam, the documentation stated her appearance was casual. Her behavior indicates no "agitation today." Speech is normal. No mood swings. "Crying spells present, according to her husband, but few occasions." Anger and anxiety present. She has fewer hallucinations and no suicidal or homicidal thoughts. She has racing thoughts. The treatment plan includes medication refills. A Request for Authorization was submitted for Ambien 10mg #30 with 1 refill. The Utilization Review dated November 2, 2015 non-certified the request for Ambien 10mg #30 with 1 refill.

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 - Treatment for Workers Compensation, Mental Illness & Stress Procedure Summary, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment (3) Chronic Pain, Zolpidem.

Decision rationale: The claimant has a remote history of a work injury in October 1999 when she slipped and fell in a bathroom while working as a housekeeper. In September 2000 a lumbar decompression and fusion was done without improvement. Revision surgery was done twice in 2002. She continues to be treated for chronic neck and back pain, sciatica, cervicogenic headaches, and major depressive disorder, anxiety, and sleep disorder. In October 2015, she was having radiating neck and radiating low back pain. Treatments had included trigger point injections and Botox injections. She was at risk for suicide and receiving continuous care from her husband. She had lost weight and physical examination findings included a nearly normal body mass index. There were cervical and lumbar trigger points. There was decreased and painful cervical and lumbar range of motion. There was bilateral greater trochanteric tenderness. When seen by her psychiatrist, she was sleeping 4-5 hours per night. Her family was very supportive. Her mental status examination noted anxiety, anger, racing thoughts, and hallucinations which were less than before. Her husband reported crying spells. Medications included Seroquel XR, Viibryd, and Ambien. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, conditions such as medication or stimulant side effects, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The claimant has severe depression and anxiety which are likely contributing to her insomnia and continued management of these conditions would be expected. The requested Ambien is not considered medically necessary.