

Case Number:	CM15-0237252		
Date Assigned:	12/14/2015	Date of Injury:	11/28/2011
Decision Date:	01/15/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 11-28-2011. A review of the medical records indicates that the worker is undergoing treatment for muscle spasm, thoracic-lumbar neuritis-radiculitis, postlaminectomy syndrome of the lumbar region and pain in joint of lower leg. Treatment has included Effexor, Tramadol, Topamax, Ambien (since at least 07-23-2015), application of heat and ice, psychotherapy, physical therapy and Synvisc injections. In a psychiatric qualified medical examiner report dated 07-23-2015, the worker reported depression, anxiety, decreased energy, motivation and concentration, anhedonia, intermittent irritability, increased social withdrawal, irregular sleep and persistent fatigue. The Epworth Sleepiness Scale was noted to show a score of 13 out of 24, suggesting borderline excessive daytime sleepiness and Insomnia Severity Index score was listed as 14 out of 28 which was noted to suggest mild insomnia. Subjective complaints (07-23-2015 and 08-20-2015) included low back and knee pain and daytime fatigue. Objective findings showed tenderness to palpation, decreased range of motion of the lumbar spine with positive right straight leg raise and right lumbar radicular signs. There was no documentation of sleep hygiene, sleep maintenance, sleep onset or quality with and without the use of Ambien and no documentation of other measures attempted to treat insomnia. There was no documented evidence of objective functional improvement or symptom relief with the use of Ambien. A request for Ambien was submitted. A utilization review dated 11-05-2015 non-certified a request for Ambien 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 (ODG) Treatment in Workers' Comp 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The claimant had significant depression and lack of social support that contributed to the sleep disturbance. An alliance with the behavioral specialist and therapy would provide greater benefit as noted in the psychologist assessments. Continued use of Zolpidem (Ambien) is not medically necessary.