

Case Number:	CM15-0239627		
Date Assigned:	12/17/2015	Date of Injury:	04/30/2003
Decision Date:	01/28/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/08/2015

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: 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:

This injured worker is a 51 year old male who reported an industrial injury on 4-30-2003. His diagnoses, and or impressions, were noted to include: major depressive disorder, single episode; generalize anxiety disorder; and psychological factors affecting medical condition. His treatments were noted to include psychological evaluation and treatment; medication management. The psyche center progress notes of 10-19-2015 reported: his presenting for medication management for persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. Undated progress notes reported changes in appetite, difficulty getting and staying asleep, decreased energy, diminished self-esteem, weight gain, excessive worry, tension, the inability to relax, and palpitations, flashbacks, tension headaches, muscle tension, increased pain, erectile dysfunction, and peptic acid reaction; also improvement with getting along better and fewer gastrointestinal symptoms. Objective findings of current improvements in symptoms and functions from the medications and related counseling were noted on the 10-19-2015 progress report. The undated physician's requests for treatment were noted to include seeing the Request for Authorization for medications. The Request for Authorization, dated 10-19-2015, was noted to include Ambien 10 mg at bedtime, #30. The Utilization Review of 11-25-2015 modified the request for Ambien 10 mg at bedtime, #30, to #15.

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, Pain, 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) Mental Illness & Stress / 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, and 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." The request for Ambien 10 mg #30 is excessive and not medically necessary as Ambien is only indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). It is to be noted that the UR physician modified the request to Ambien 10 mg#15.