

Case Number:	CM15-0241043		
Date Assigned:	12/18/2015	Date of Injury:	05/09/2013
Decision Date:	01/22/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/10/2015

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 40 year old male, who sustained an industrial injury on 5-9-13. The injured worker was diagnosed as having low back pain, major depressive disorder, and myalgia. Treatment to date has included cognitive behavioral therapy and medication including Lidopro ointment, Terocin patches, Norco, Lexapro, and Gabapentin. The injured worker had been taking Ambien since November 2015. On 11-4-15 the treating physician noted the injured worker reported sleeping 1-2 hours per night. The injured worker also complained of feeling fatigued and having reduced energy. The injured worker appeared to be depressed, fatigued, and in moderate pain. On 11-4-15, the injured worker complained of difficulty falling asleep and staying asleep. On 11-4-15 the treating physician requested authorization for Ambien 10mg #30. On 11-20-15 the request was modified to certify Ambien 5mg #7 for weaning.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia 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, there was no mention of failure of behavioral interventions. The etiology of sleep disturbance was not defined or further evaluated. The 30 tablets prescribed exceed the amount recommended for use by the guidelines. Continued use of Zolpidem (Ambien) is not medically necessary.