

Case Number:	CM14-0138502		
Date Assigned:	09/05/2014	Date of Injury:	08/25/2013
Decision Date:	10/09/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; opioid therapy; topical agents; and sleep aids. The claims administrator reportedly denied a request for Ambien. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant reported persistent complaints of shoulder pain status post shoulder corticosteroid injection therapy. On August 1, 2014, the applicant was described as reporting multifocal neck and shoulder pain. Epidural steroid injection therapy was pending. The applicant was off of work, it was acknowledged. Norflex, Norco, and Tramadol were endorsed. A prescription for Ambien was earlier issued on July 2, 2014. On the same date, Norco, Ultram, and Norflex were also refilled. It was not clearly stated whether the July 2, 2014 prescription for Ambien was a first-time request or a renewal request. In a July 2, 2014 progress note, the applicant again reported 5-7/10 pain. The applicant was reportedly having issues with dyspepsia. A proton pump inhibitor and an epidural steroid injection therapy were endorsed. Tramadol was also prescribed. The attending provider wrote, somewhat incongruously, in one section of the report that the applicant was returned to regular duty work while another section of the report stated that the applicant was not working. No rationale for selection of Ambien was proffered by the attending provider. In a medical-legal evaluation dated July 18, 2014, it was stated that the applicant had last worked in August 2013. The applicant was reportedly using Norco, Tramadol, Ibuprofen, and a Cannabis derivative, it was acknowledged. Ambien was again sought on a request for authorization form dated July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty#30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, PAIN (ZOLPIDEM)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, the admittedly limited information on file does suggest that the applicant has been using Ambien for chronic, long-term, and scheduled-use purposes as the applicant apparently received a handwritten prescription for Ambien on July 2, 2014. The request for authorization for Ambien was apparently initiated on July 8, 2014. It is further noted that the attending provider failed to explicitly mention a rationale for selection and/or ongoing usage of Ambien on a progress note of July 2, 2014, one of the dates on which Ambien was dispensed. For all of the stated reasons, then, the request is not medically necessary.