

Case Number:	CM14-0182721		
Date Assigned:	11/07/2014	Date of Injury:	08/19/2001
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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] insured who has filed a claim for chronic mid back, low back, and shoulder pain with derivative complaints of insomnia and sleep disturbance reportedly associated with an industrial injury of August 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 20, 2014, the claims administrator approved a request for Effexor and Prevacid while partially approving a request for Ambien (zolpidem), apparently for weaning purposes. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant reported multifocal complaints of neck, back, and bilateral shoulder pain, 8/10. The applicant was having derivative complaints of anxiety which had apparently resulted in a recent hospitalization for chest pain, reportedly deemed non-cardiac in nature. The applicant was using Arthrotec, hydrochlorothiazide, and Lopressor, it was noted. The applicant appeared tearful and anxious. A topical compounded cream was endorsed. The applicant was not working, it was acknowledged. The applicant was apparently asked to consider oral gabapentin and/or a psychiatry consultation. A physical therapy referral was pending. On September 25, 2014, the applicant was given refills of Effexor, Prevacid, and Ambien. It was stated that the applicant could use Ambien up to once nightly. The applicant was currently retired and no longer working, it was noted. The applicant was also asked to continue using a TENS unit. The applicant was described as having a variety of pain complaints, including low back pain. The applicant was having issues with poor sleep despite ongoing usage of Ambien, it was noted. The applicant was previously given prescriptions for Norco, Effexor, Ambien, Prevacid, lidocaine, and Neurontin via an earlier progress note dated May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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/Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management 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 (zolpidem) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled 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 (zolpidem) is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant appears to have been using Ambien for what appears to be a span of several months. Such long-term usage, however, runs counter to the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. It is further noted that ongoing usage of Ambien does not appear to have been altogether successful as the applicant continues to report significant complaints of insomnia despite ongoing usage of the same. Therefore, the request is not medically necessary.