

Case Number:	CM14-0183066		
Date Assigned:	11/07/2014	Date of Injury:	11/13/1999
Decision Date:	12/26/2014	UR Denial Date:	10/22/2014
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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 13, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long- and short- acting opioids; epidural steroid injection therapy; and sleep aids. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for Ambien. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had reportedly retired, it was stated. The applicant had had a recent epidural steroid injection. The applicant was using morphine, Norco, and Ambien. It was suggested in one section that the applicant was using Ambien nightly while in another section it was stated that the applicant was only using Ambien as needed. The applicant was also using Soma and Topamax, it was further stated. Limited range of motion was noted. The attending provider stated that the applicant was using Ambien at a rate of 30 tablets a month. It was stated that the applicant was using Ambien since 2005. The applicant was asked to continue Topamax for migraines. Additional physical therapy and TENS unit pads were ordered. Ambien, Topamax, Norco, Soma, and morphine were endorsed. The applicant was asked to continue on previously imposed permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 6.25mg, #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 Ambien (Zolpidem)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administrator (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the applicant appears to have been using Ambien for what appears to be a span of several years, since 2005. This is not an FDA-endorsed role for Ambien. The attending provider did not furnish any compelling medical evidence which would support such usage. Therefore, the request was not medically necessary.