

Case Number:	CM14-0027659		
Date Assigned:	06/13/2014	Date of Injury:	10/06/2002
Decision Date:	08/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/04/2014

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 claimant was injured on 10/06/02. The request for the medication, Ambien 5 mg 1 tab at bedtime is under review. She has been diagnosed with major depressive affective disorder with generalized anxiety and insomnia due to a mental disorder. She has been experiencing low back pain radiating to the lower extremities of equal severity. She is status post lumbar fusion in 2010 and has several psychological symptoms. She was sad and anxious according to a note dated 07/05/13. She has been referred to psychotherapy. She has received antidepressants. On 08/24/13, she was prescribed Ambien. Her current medications were also continued. She stated that her primary care physician stopped her pain medications and the Ambien. According to the patient, she took Ambien as needed but sometimes she could not fall asleep. Gabapentin was added. She had a psychological assessment on 09/27/13 and had ongoing psychological symptoms. She appeared tired, sad, anxious and apprehensive. She still had insomnia. She was at increased risk for suicide and needed ongoing monitoring. On 09/28/13, she reported improved sleeping after adding Ambien and she was helped by gabapentin with no side effects. Wellbutrin and Remeron were refilled and she was to continue Ambien and gabapentin. On 11/08/13, she continued to complain of sleep difficulties because of pain and worry. She also had chronic pain. Ongoing treatment was recommended. On 12/20/13, she had improved mood and sleeping. Her medications were continued. Her sleep is also disrupted by nervousness and worry. She had frequent crying spells. She looked tired and lethargic with little energy. On 01/31/14, she remains symptomatic with difficulty sleeping. She appeared tired. On 02/14/14, she reported ongoing pain that was disturbing her mood and sleeping. The medications were continued. On 03/14/14, she was angry and irritable with lack of energy and motivation and still had sleep difficulties. She noticed some sleep improvement with medication. Her meds were continued on 03/28/14. On 04/25/14, she was more optimistic but still looked tired.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG, 1 BY MOUTH AT BEDTIME #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), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Brain Responses to Pain Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Ambien.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Ambien except for weaning purposes. The MTUS Chronic Pain Medical Treatment Guidelines state that sleep is important for recovery from injury and pain but does not specifically address pharmaceutical sleep aids. Conditions such as depression, anxiety, sleep disturbances, and decision-making difficulties, which affect the quality of life of chronic pain patients as much as the pain itself, may be directly related to altered brain function as a result of chronic pain. (Baliki, 2008) The Official Disability Guidelines (ODG) state Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). In this case, the claimant has serious psychological issues despite the use of medications and extensive counseling. Of note, despite the use of Ambien for sleep, she has appeared tired on multiple occasions. There is no clear benefit to her from the use of this medication, including objective measurable or functional improvement. The medical necessity of the use of Ambien 5 mg at bedtime for insomnia has not been clearly demonstrated. Therefore, the request is not medically necessary.