

Case Number:	CM14-0084541		
Date Assigned:	07/21/2014	Date of Injury:	02/23/2007
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63-year-old female who reported an injury on 02/23/2007. The mechanism of injury was not provided in the medical records. Her diagnoses include depressive disorder, cervical postlaminectomy syndrome, and lumbar postlaminectomy syndrome. Her previous treatments were noted to include neck surgery, dental surgery, topical analgesics, and medications. On 04/25/2014, an order summary indicated that the injured worker received a prescription for sertraline 100 mg and she was recommended to return to the office for followup. No specific subjective or objective information was included within this note. Her medications were noted to include Ambien CR 12.5 mg at bedtime as needed, Cymbalta 20 mg daily, Lidoderm 5% patches 12 hours per day, Zoloft 100 mg daily, and zolpidem 10 mg at bedtime. A request was received for Ambien 10 mg and zolpidem 10 mg; however, a clear rationale for these requests was not provided. A Request for Authorization Form was submitted on 04/29/2014 for Ambien CR 12 mg and sertraline 100 mg. However, the Request for Authorization Form for the requested medications was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg Qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

Decision rationale: According to the Official Disability Guidelines, zolpidem is a prescription short acting non-benzodiazepine hypnotic, approved for the short term treatment of insomnia, but is usually limited to 2 weeks to 6 weeks of use. The guidelines further specify that these medications can be habit forming, may impair function or memory, and there is concern for increased pain and depression over the long term. In addition, the guidelines also state that the FDA now requires lower doses for zolpidem, with 5 mg for IR products for women. The clinical information submitted for review indicated that the injured worker was being prescribed Ambien CR 12.5 mg to be used at bedtime, as well as zolpidem 10 mg to be used at bedtime. However, a clear rationale for these medications was not provided. In addition, as these medications are only recommended for short term use and dosing over 5 mg is not supported by the FDA or the ODG for women at this time, the request is not supported. In addition, the request failed to provide a frequency. For the reasons noted above, the request is not medically necessary.

Zolpidem 10mg Qty: 30.00: 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) Pain (updated 04/10/14) Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®).

Decision rationale: According to the Official Disability Guidelines, zolpidem is a prescription short acting non-benzodiazepine hypnotic, approved for the short term treatment of insomnia, but is usually limited to 2 weeks to 6 weeks of use. The guidelines further specify that these medications can be habit forming, may impair function or memory, and there is concern for increased pain and depression over the long term. In addition, the guidelines also state that the FDA now requires lower doses for zolpidem, with 5 mg for IR products for women. The clinical information submitted for review indicated that the injured worker was being prescribed Ambien CR 12.5 mg to be used at bedtime, as well as zolpidem 10 mg to be used at bedtime. However, a clear rationale for these medications was not provided. In addition, as these medications are only recommended for short term use and dosing over 5 mg is not supported by the FDA or the ODG for women at this time, the request is not supported. In addition, the request failed to provide a frequency. For the reasons noted above, the request is not medically necessary.