

<b>Case Number:</b>	CM14-0219221		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male sustained an industrial stress injury to the psyche reported on 6/5/2001. He has reported continued persistent symptoms of depression, anxiety and stress-related medical complaints. The diagnoses have included: episode of mental disorder with depressive disorder not otherwise specified with anxiety; psychological factors associated with diseases, classified elsewhere; personality disorder; and psychosocial and environmental problems. Treatments to date have included consultations; a multitude of psychiatric diagnostic studies; counseling and psychotherapies; biofeedback sessions; and medication management. The injured worker was noted to have been classified as permanent and stationary back in 5/2010, with residuals requiring as needed treatments. On 12/5/2014 Utilization Review modified, for medical necessity, the request for Ambien 10mg #30 with 2 refills, to Ambien 1mg #30 with no refills due to this medication being a short-term (2-6 weeks) use; noting the ODG Guidelines for pain, was cited. The 11/12/2014 Psyche Center narrative report on medication management shows a specific medication management regimen in 3 month intervals stated to have achieved functional improvement, along with counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter: Integrated Treatment Guidelines

**Decision rationale:** Ambien 10mg #30 with 2 refills is not medically necessary. The ODG states that Ambien is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien ER to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Ambien 10mg is not medically necessary.