

Case Number:	CM15-0003923		
Date Assigned:	01/15/2015	Date of Injury:	06/18/2008
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 06/18/2008. She has reported depression, anxiety, and stress-related medical complaints. The diagnoses have included depressive disorder and psychological factors affecting medical condition. Treatment to date has included medications and counseling. Medications have included Cymbalta, Risperdal, and Ambien. A progress note from the treating physician, dated 12/12/2014, documented a follow-up evaluation with the injured worker. The injured worker reported depression, tension, restlessness, agitation, lack of motivation, and sleep disturbance, and improvements in symptoms and functions from the medications and related counseling. Objective findings/behaviors have been noted to include visible anxiety and depressed facial expression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg one QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 02/23/15) Zolpidem

Decision rationale: Request: Ambien 10mg one QHS Zolpidem is a short-acting nonbenzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 6 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10mg one QHS is not fully established in this patient.