

Case Number:	CM15-0017110		
Date Assigned:	02/05/2015	Date of Injury:	10/24/2014
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on October 24, 2014. The diagnoses have included major depressive disorder single episode, generalized anxiety disorder and psychological factors affecting medical condition. A psychological evaluation dated December 31, 2014 provides the injured worker exhibited abnormal behavior. The plan is for oral medication, biofeedback sessions and cognitive behavior psychotherapy. On January 9, 2015 utilization review non-certified a request for Ambien 5mg #60. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #60: 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), Ambien (Zolpidem) and on the Non-MTUS PDR, Ambien (Zolpidem)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien)

Decision rationale: The patient presents with depression and anxiety. The request is for AMBIEN 5 MG # 60. Per 12/31/14 progress report, patient's diagnosis include major depressive disorder, single episode, unspecified, generalized anxiety disorder and psychological factors affecting medical conditions - stress intensified headaches, neck/shoulder/back muscle tension/pain, nausea, shortness of breath, chest pain, palpitations, abdominal pain/cramping, possible stress aggravated vertigo and related hearing loss and high blood pressure. Patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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)" Per 12/15/14 progress report, treater states that the patient has developed difficulty staying asleep and falling asleep, due to anxiety, worry and nightmares. Per 12/31/14 progress report, patient received a score of 20 on the Insomnia Severity Index, ISI, indicating moderate insomnia according to ISI scoring criteria. However, ODG recommends Ambien for short-term (7-10 days) treatment of insomnia, due to negative side effect profile. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. The request is not inline with guideline indications. therefore, the request IS NOT medically necessary.