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| Case Number: | CM15-0112588 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 03/12/2001 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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: Arizona, 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 67 year old female, who sustained an industrial injury on 03/12/2001. She has reported injury to the low back. The diagnoses have included chronic pain disorder; L5-S1 grade I spondylolisthesis and bilateral L5 spondylosis; chronic lumbar discogenic syndrome with disc protrusion; bilateral lumbosacral radiculopathy, right greater than left; multilevel cervical disc disease, disc protrusion with cervical radiculopathy; major depression disorder; general anxiety disorder; and sleep disorder. Treatment to date has included medications, diagnostics, cognitive behavioral therapy, and physical therapy. Medications have included Vicodin, Effexor, and Ambien. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. The injured worker reported that she has been out of her medications and she is sleeping badly with positive chronic fatigue and decreased motivation; she is also experiencing a great deal of anxiety; and she has worsening joint pain and is taking multiple Vicodin per day to control these symptoms. Objective findings included the general appearance, speech, thought processes, and associations are all within normal limits; affect is blunted; and mood is depressed. The treatment plan has included the request for Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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): Mental Illness & Stress: Zolpidem (Ambien) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia - pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several years. The claimant's sleep disturbance was due to pain and anxiety rather than a primary sleep disorder. Behavioral modifications and pain control would likely be more appropriate. The continued use of Ambien is not medically necessary.