

Case Number:	CM15-0115612		
Date Assigned:	06/23/2015	Date of Injury:	03/23/2004
Decision Date:	09/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 58 year old female, who sustained an industrial injury on 3/23/2004. The mechanism of injury is unclear. The injured worker was diagnosed as having status post work related injury, orthopedic diagnosis deferred to primary treating physician, gastritis, gastroesophageal reflux disease, hypertension, vitamin D3 deficiency controlled, history of syncope non-industrial resolved, and hyperparathyroidism non-industrial. Treatment to date has included medications. The request is for Ambien. Some of the medical records have handwritten information which is difficult to decipher. On 12/17/2014, the treatment plan included: Ambien. No changes were reported. On 2/25/2015, she denied having new complaints. The treatment plan included avoiding all non-steroidal anti-inflammatory drugs; continue Dexilant, Diovan, and Amlodipine. On 3/11/2015, she is noted to not be working and is retired. She reported continued neck and shoulders pain. She reported sleeping with the sleeping medication. The treatment plan included Ambien and Glucosamine. On 5/20/2015, she is reported to have been keeping a blood pressure diary as her systolic blood pressures had been elevated. Her current blood pressure is noted to be 143/96. On 5/13/2015, she is noted to be permanent and stationary. She indicated she had been in a motor vehicle accident and had transient increased low back pain which is now resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg tablets #120: 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, Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines comment on the use of pharmacologic treatments, including Zolpidem, as a treatment modality for insomnia. These guidelines recommend that treatment be based on the etiology, with the medications recommended below. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Regarding pharmacologic treatment the guidelines state the following: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non- benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Regarding the non-benzodiazepine sedative-hypnotics, including Zolpidem, the guidelines state the following: Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case there is insufficient evidence in the medical records to indicate that the etiology of this patient's insomnia has been assessed. Further, there is insufficient evidence that the patient's underlying psychiatric issues that contribute to insomnia have been addressed. There is insufficient evidence that the efficacy of Zolpidem has been monitored with regard to time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Finally, the records indicate that Zolpidem is being used as a long-term treatment strategy for this patient's insomnia. As noted in the above cited guidelines, only short-term use is recommended. For these reasons, Zolpidem 5mg #120 tablets is not considered as medically necessary.