

Case Number:	CM15-0117903		
Date Assigned:	06/26/2015	Date of Injury:	09/30/2011
Decision Date:	08/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 56 year old male, who sustained an industrial injury on 09/30/2011. He has reported subsequent severe neck and back, right shoulder and right knee pain and was diagnosed with cervical sprain/strain, history of lumbar sprain/strain, right shoulder impingement, tendinopathy and cuff tear and bilateral knee degenerative joint disease. The injured worker was also diagnosed with depression, anxiety and insomnia. Treatment to date has included medication, chiropractic therapy and TENS unit. Ambien was noted to have been prescribed for treatment of insomnia as far back as 10/2014. In a progress note dated 02/19/2015, the injured worker complained of intractable neck, back and right shoulder pain. The injured worker also reported ongoing issues with anxiety, depression and insomnia. Objective findings were notable for limited range of motion of the back, positive bilateral straight leg raise causing right sided back pain at 80 degrees radiating to the right buttock and posterior thigh, absent right Achilles reflex, muscle spasm to palpation in the lumbar trunk, limited range of motion of the neck, crepitus of the bilateral knees on extension and flexion, pain with patellar compression and tenderness of the bilateral shoulders with crepitus on circumduction. A request for authorization of Zolpidem 12.5 mg quantity of 30 was submitted for insomnia due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 12.5mg quantity 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, 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), Zolpidem.

Decision rationale: According to the ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is documentation that the injured worker had been prescribed Ambien for sleep since at least 10/2014, which is not consistent with the guidelines. In addition, the documentation in the most recent PR-2 shows that the injured worker's sleep quality remained poor and was documented as being unchanged, despite the use of Ambien. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.