

Case Number:	CM15-0120876		
Date Assigned:	07/07/2015	Date of Injury:	10/08/2007
Decision Date:	09/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency Medicine

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 42 year old female, who sustained an industrial injury on 10/08/2007. She has reported subsequent neck and shoulder pain and was diagnosed with degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain and lumbar radiculopathy. The injured worker was also diagnosed with anxiety, severe major depressive disorder and primary insomnia. MRI of the cervical spine dated 03/10/2015 showed focal central disc protrusion of 1-2 mm in C5-C6 with mild narrowing of the ventral cerebrospinal fluid space. Treatment to date has included medication, application of heat and ice, TENS, physical therapy, psychotherapy and cervical epidural steroid injection. Documentation shows that Ambien had been prescribed for insomnia as far back as 07/17/2014 and had been discontinued on 03/16/2015 for unknown reasons. In a progress note dated 04/17/2015, the injured worker reported less depression and anxiety on medication but reported feeling tired on medication and wanted to go back on Ambien. No objective examination findings were documented. The progress note indicated that treatment plan was to prescribe Ambien 10 mg quantity of 30. A request for authorization of Ambien 10 mg (every night at bed time), unspecified quantity was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ambien 10mg (every night at bed time), unspecified quantity: 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), Pain Chapter.

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

Decision rationale: MTUS guidelines are silent regarding the use of Ambien so alternative guidelines were referenced. As per ODG, "Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine 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." The documentation submitted shows that the injured worker had been prescribed Ambien since at least 07/17/2014 for primary insomnia and the medication had been discontinued on 03/16/2015 for an unknown reason. The documentation doesn't show evidence of significant symptom reduction or functional improvement with past use of the medication. The injured worker requested to go back on Ambien during the 04/17/2015 office visit but there was no indication as to why and there was no discussion of the injured worker's current sleep structure/hygiene or the nature of any sleep issues that may have been experienced. Guidelines do not support the long term use of this medication for insomnia. Therefore, the request for authorization of Ambien 10 mg (every night at bed time), unspecified quantity is not medically necessary.