

Case Number:	CM15-0121273		
Date Assigned:	07/02/2015	Date of Injury:	03/24/1998
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 24, 1998. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced a progress note dated May 20, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 20, 2015, Lyrica, Ambien, and six sessions of physical therapy were endorsed. In an associated progress note of the same date, May 20, 2015, the applicant reported ongoing complaints of low back and upper extremity pain. The applicant reported pain-induced insomnia. 8-10/10 pain complaints were also reported, exacerbated by sitting, standing, walking, bending, and lifting. Both Ambien and Lyrica were renewed while the applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR (controlled release) 12.5 mg Qty 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: Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Indications and Usage, Ambien.

Decision rationale: The request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request in question represented a renewal request for Ambien and, by implication, represented treatment in excess of the FDA label. The attending provider failed to furnish medical rationale to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.