

Case Number:	CM15-0170772		
Date Assigned:	09/11/2015	Date of Injury:	10/10/2006
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2006. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve request(s) for Ambien. A July 31, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. In a September 22, 2015 four-page appeal letter, the attending provider appealed previously denied Ambien, acknowledging that the applicant had used the same in the past. The applicant had developed issues with pain-induced insomnia, the treating provider suggested. On July 31, 2015, the applicant reported 5/10 low back pain complaints. The attending provider suggested that brand-name Ambien was generating greater degree of insomnia than the generic zolpidem. The applicant's medication list included Senna, Ambien, Ambien extended release, Duragesic, Neurontin, Relafen, Pristiq, insulin, metformin, Focalin, Ativan, Lipitor, and Adderall, it was reported. Multiple medications were continued and/or renewed, including Ambien extended release, Duragesic, Relafen, Neurontin, Pristiq, and Ambien. The applicant was given 30 tablets of controlled release Ambien and 90 tablets of immediate release Ambien.

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 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: Pain - Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that 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, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for 30 tablets of extended release Ambien, was at odds with the FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that zolpidem or Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. The attending provider failed to furnish a clear or compelling rationale for continuation of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.

Ambien 10 mg Qty 90: 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for 90 tablets of Ambien was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that 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, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The renewal request for 90 tablets of Ambien, thus, was at odds with both the FDA label and with ODGs Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.