

Case Number:	CM15-0172604		
Date Assigned:	09/14/2015	Date of Injury:	12/09/2009
Decision Date:	10/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/01/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 52 year old female whose date of injury is 12/09/2009. Diagnoses include lumbar spine radiculopathy, major depressive disorder single episode unspecified, generalized anxiety disorder, psychological factors effecting medical condition, daily migraine headaches and insomnia with obstructive sleep apnea (documented 05-05-2015). She has received individual and group psychotherapy, and medication management. She presented on 08/14/2015 with left shoulder pain rated 2-3/10, and upper back stiffness and pain rated 4-5/10. She complained of difficulty getting to sleep, weight gain, excessive worry, panic attacks, inability to relax, shaking, palpitations, and peptic acid reaction. Improvements in symptoms and functions are noted to be better concentration, can sleep better, gets along better and less yelling. Objective findings included depressed facial expressions, visible anxiety and emotional withdrawal. Medications included Ambien (since 02/06/2015) Atarax, Wellbutrin, Norco, gabapentin, Omeprazole and Zofran. On 09/01/2015 the request for Ambien 10 mg QTY: 30 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 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, Online Version, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Ambien (Zolpidem), Official Disability Guidelines, Zolpidem.

Decision rationale: Ambien (Zolpidem) is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 patient's symptoms of sleep disturbance are not well documented, e.g. sleep onset, midsleep awakening, early morning awakening. Efficacy of this medication was not discussed. It has been prescribed well beyond guidelines. This request is not medically necessary.