

Case Number:	CM15-0174000		
Date Assigned:	09/15/2015	Date of Injury:	11/21/1983
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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 61-year-old who has filed a claim for chronic neck and bilateral upper extremity pain reportedly associated with an industrial injury of November 21, 1983. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced an RFA form received on August 20, 2015 in its determination. The claims administrator did apparently approve other requests, including those for Oxycodone, Pamelor, sepsis, and Exalgo. The claims administrator also cited an August 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 22, 2015, Oxycodone, Ambien, Exalgo, and subsequent Lyrica were renewed. In an associated progress note of July 28, 2015, it was acknowledged that the applicant was not working owing to ongoing complaints of neck and bilateral upper extremity pain, 8 to 9/10. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant was asked to continue various medications including Ambien. On an earlier note dated June 30, 2015, it was acknowledged that the applicant was using a variety of medications to include Fentanyl, Oxycodone, Exalgo, Tizanidine, Lyrica, and Ambien. The applicant also had comorbidities to include diabetes and hypertension, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 Tab PO QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates 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 Ambien, in effect, represented treatment, which ran counter to the FDA label and to ODG Mental Illness and Stress Chapter Zolpidem topic, which also notes that zolpidem or Ambien is not recommended for chronic or 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 continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.