

Case Number:	CM15-0176994		
Date Assigned:	09/17/2015	Date of Injury:	07/16/1999
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female injured worker suffered an industrial injury on 7-16-1999. The diagnoses included major depressive disorder, panic disorder, insomnia, and osteopathy of the cervical spine, cervical fusion, bilateral carpal tunnel release, bilateral cubital tunnel syndrome, left knee arthroscopy, lumbar discogenic back pain and gastric bypass for morbid obesity. On 7-26-2015 the treating provider reported feels better with increase in Wellbutrin. The provider visit note of 6-29-2015 noted she sleeps 3 - 5 hours a night and wakes 1 - 4 times a night. On exam Prior treatments included Ambien at least since 2014 per the psychiatry report of 6-29-2015, Wellbutrin, Zoloft and Xanax. On 8-18-2015 the provider reported she was not sleeping more than 3 hours and waking 2 - 3 times a night for the last 3 weeks due to Ambien not being approved. The Utilization Review on 8-21-2015 determined non-certification for Ambien 5 mg, thirty count with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg, thirty count with one refill: 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), Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem (Ambien).

Decision rationale: The patient was injured on 07/16/99 and presents with major depression. The request is for AMBIEN 5 MG, THIRTY COUNT WITH ONE REFILL for sleep. The RFA is dated 08/11/15 and the patient is retired. She has been taking this medication as early as 12/15/14. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states, Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults. The 08/18/15 report states that the patient is unable to sleep without Ambien. She is diagnosed with major depressive disorder, panic disorder, insomnia, and osteopathy of the cervical spine, cervical fusion, bilateral carpal tunnel release, bilateral cubital tunnel syndrome, left knee arthroscopy, lumbar discogenic back pain and gastric bypass for morbid obesity. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. In this case, the patient has been taking Ambien since 12/15/14, which exceeds the 7-10 days recommended by ODG Guidelines. The requested Ambien IS NOT medically necessary.