

Case Number:	CM15-0178214		
Date Assigned:	09/18/2015	Date of Injury:	10/08/2007
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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 injured worker is a 44 year old female, who sustained an industrial injury on October 8, 2007. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, cervicalgia, chronic low back pain, right shoulder impingement syndrome, tendinitis, right carpal tunnel syndrome, chronic insomnia and depression. The injured worker was noted to be permanent and stationary and was not working. Current documentation dated August 27, 2015 notes that the injured worker reported constant right arm, neck, bilateral shoulder, thoracic spine, right elbow, bilateral hands, bilateral knees and bilateral low back pain. The injured workers average pain level with medications and without medications was 6 out of 10 on the visual analogue scale. Objective findings noted the injured worker to be in no acute distress. The injured worker was able to independently transfer and did not use assistive devices. Physical examination of the neck, spine, knees and elbows was not provided. The injured worker was noted to have difficulties with sleeping, including difficulty falling asleep and awakening 3 times per night with the use of Ambien. Subsequent documentation dated 6-25-2015, 5-28-2015 and 4-29-2015 note that the injured worker continued to have sleeping difficulties with the use of Ambien. Treatment and evaluation to date has included medications, urine drug screen, relaxation and meditation disks and a home exercise program. Current medications include Kadian, Hydrocodone-Acetaminophen, Gabapentin, Lexapro, Naproxen and Ambien (prescribed since at least December of 2014). Current requested treatments include a request for Ambien 10mg tab (Zolpidem tartrate) one and one-half tab orally, at hour of sleep as needed for Insomnia (maximum 15mg-night) #45. The Utilization Review documentation dated September 2, 2015 non-certified the request for Ambien 10mg tab (Zolpidem tartrate) one and one-half tab orally, at hour of sleep as needed for Insomnia (maximum 15mg-night) #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg tab (Zolpidem tartrate) one and one-half tab PO QHS PRN Insomnia (max 15mg/night) #45: 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 (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2007 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg tab (Zolpidem tartrate) one and one-half tab PO QHS PRN Insomnia (max 15mg/night) #45 is not medically necessary and appropriate.