MAXIMUS Federal Services

Case Number:	CM15-0038012		
Date Assigned:	03/06/2015	Date of Injury:	08/13/2000
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 64-year-old [redacted] beneficiary who has filed a claim for chronic pain syndrome, depression, and anxiety reportedly associated with an industrial injury of August 13, 2000. In a utilization review report dated January 29, 2015, the claims administrator failed to approve a request for Ambien. The claims administrator referenced a November 26, 2014 progress note in its determination. The claims administrator suggested that the applicant had been using Ambien on a long-term basis. The applicant's attorney subsequently appealed. On November 26, 2014, the applicant's psychiatrist stated that the applicant needed to remain on Klonopin, Ambien, and Pristiq. The attending provider suggested that the applicant could deteriorate significantly from a psychiatric perspective were any of the medications in question was held. The attending provider acknowledged that the applicant was using Klonopin for anxiolytic effect and Ambien for sedative effect and had apparently been using the same medications in the same role for quite some time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 (ODG) Treatment in Workers Comp, 13th Edition, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08Ambien 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: 1.No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, 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 that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Continuing usage of Ambien, thus, runs counter to the FDA label. The attending provider did not, however, furnish any clear, compelling, and/or cogent applicant-specific rationale, which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.