

Case Number:	CM15-0066245		
Date Assigned:	04/14/2015	Date of Injury:	02/05/2014
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 37-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 5, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for Ambien, apparently prescribed and/or dispensed on or around February 26, 2015. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported persistent complaints of low back pain. The applicant had undergone earlier failed epidural steroid injection therapy. The applicant had reportedly quite smoking, it was suggested. The attending provider apparently sought authorization for multilevel lumbar laminectomy-discectomy procedure. Medication selection and medication efficacy were not detailed on this occasion. The applicant went on to undergo a lumbar discectomy procedure on January 8, 2015. On January 22, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was using a walker to move about. The applicant's work status and medication list were not furnished. On February 10, 2015, the applicant was given refills of Neurontin, tramadol, and Percocet. In a pain management note dated February 26, 2015, the applicant reported 9/10 low back pain. The applicant was using a walker to move about. The applicant was using Norco, topical Voltaren, and Ambien, it was incidentally noted. Sixty tablets of Ambien with one refill were prescribed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60 with 1 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, Zolpidem (Ambien), Insomnia Treatment, Non-Pharmacologic Treatments.

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 "Indications and Usage" "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 sleep aid, was not medically necessary, medically appropriate, or indicated here. 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. Here, the 60-tablet, one-refill supply of Ambien, in and of itself, represents treatment in excess of the FDA label. The attending provider failed to furnish a compelling rationale or medical evidence to support such usage. Therefore, the request was not medically necessary.