

<b>Case Number:</b>	CM15-0070946		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on September 1, 2008. She reported increased stress, chest pain, and not feeling well. The injured worker was diagnosed as having vitamin D, insomnia, hypertension, and coronary artery disease. Diagnostics to date has included lab studies. Treatment to date has included sleep and vitamin D supplement medications. On January 16, 2015, the injured worker complains of occasional dizziness with standing to fast. Her home blood pressure has been 140-70/79/3, with an average of 152/83. The physical exam revealed was unremarkable. The treating physician noted the injured worker has severe insomnia, she cannot sleep without her sleep medication, and insomnia will contribute to her heart disease if not properly treated. The treatment plan includes continuing her sleep and vitamin D supplement medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergocalciferol 50,000 1 cap po q week:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/natural/929.html>.

**Decision rationale:** Pursuant to Medline plus, Ergocalciferol 50,000 units one capsule once per week is not medically necessary. Ergocalciferol is vitamin D. Vitamin D is used for preventing vitamin D deficiency in vitamin D deficiency related diseases. Vitamin D is used to treat osteoporosis, osteomalacia and bone loss due to hyperparathyroidism. For additional details see the attached link. In this case, the injured worker's working diagnoses are diabetes mellitus, vitamin D deficiency, dyslipidemia, coronary artery disease, and insomnia. The documentation enumerates a list of medical problems that do not appear to be related to the injured worker's work related injury. The medical record contains 22 pages with two progress notes written by the same treating medical physician. There are no specific work-related injuries documented in the medical record. The documentation according to an April 8, 2015 progress note, subjectively, states the injured worker is having abdominal cramping and diarrhea. Problem #2 indicated the injured worker had vitamin D deficiency. There was no clinical documentation of vitamin D deficiency. The treating provider's stated "continued vitamin D supplementation in hopes that this could help her myalgias possibly aggravated by statins." Vitamin D is indicated for vitamin D deficiency related diseases. There are no vitamin D deficiency related diseases in the medical record. Myalgias aggravated by statins are not a clinical indication for vitamin D. There are no clinical indications or rationales in the medical record for vitamin D. Consequently, absent clinical documentation demonstrating vitamin D deficiency, Ergocalciferol 50,000 units one capsule once per week is not medically necessary.

**Ambien CR 12.5mg 2 tabs po QHS #60:** 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), 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 Section, Ambien.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien CR 12.5 two tablets PO HS #60 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are diabetes mellitus, vitamin D deficiency, dyslipidemia, coronary artery disease, and insomnia. The documentation enumerates a list of medical problems that do not appear to be related to the injured worker's work related injury. The medical record contains 22 pages with two progress notes written by the same treating medical physician. There are no specific work-related injuries

documented in the medical record. The documentation states the injured worker is unable to sleep without Ambien. The documentation states Ambien is medically necessary for the patient's sleep. The documentation also states insomnia will contribute to patient's heart disease if not treated properly. There is no documentation of objective functional improvement with ongoing Ambien. Additionally, Ambien is indicated for short-term (7 to 10 days) treatment of insomnia. The treating provider, at a minimum, has continued Ambien CR is far back as January 16, 2015, approximately 3 months. Three months is in excess of the recommended guidelines for short-term use. The dose for Ambien and women should be lowered from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). The treating provider prescribed 12.5 mg two tablets PO HS. This is in excess of the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use with ongoing Ambien in excess of the recommended guidelines for dosing, Ambien CR 12.5 two tablets PO HS #60 is not medically necessary.