

Case Number:	CM15-0075999		
Date Assigned:	04/27/2015	Date of Injury:	09/07/2013
Decision Date:	05/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 39 year old male whose date of injury is 09/07/2013. He was it in the face with a bottle by a customer who was stealing a beer. The patient experienced changes in his previously active lifestyle related to ensuing symptoms. These include headache and pain in the face, shoulder, back, arm, wrist, stomach, leg, depression, anxiety, irritability, and insomnia. He felt that his quality of life deteriorated. Diagnoses include PTSD, major depressive disorder single episode, and psychological factors affecting medical condition. A progress note of 3/4/15 (psychology) indicated that the patient reported depression, anxiety, and worry. He had difficulty falling and staying asleep, consequently he suffered from excessive daytime drowsiness. He reported morning headaches and change in his personality. No other records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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), Pain (update 03/18/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. CA-MTUS is silent regarding Ambien. Official Disability Guidelines Mental Illness & Stress Insomnia treatment Recommend that treatment be based on the etiology. These agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. See the Pain Chapter for detailed recommendations and references. (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non- benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien® (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment 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. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. FDA has also approved sublingual zolpidem (Edluar). (FDA, 2009) FDA approved zolpidem tartrate sublingual tablets (Intermezzo) for use as needed for insomnia characterized by middle-of-the-night waking followed by difficulty returning to sleep. (FDA, 2011) Due to adverse effects, FDA now requires lower doses for zolpidem.

Decision rationale: Ambien, a non-benzodiazepine sedative-hypnotic, is indicated for short term use of 7-10 days. This has clearly been prescribed for longer than the recommended guidelines. There is no rationale provided for its continued use. There is no evidence that other, non-pharmacological measures were attempted such as sleep hygiene education or progressive muscle relaxation. There is also no indication that other pharmacologic agents were attempted, such as Lunesta (which is approved for longer term) or the sedating anti-depressant Trazodone. This request is therefore not medically necessary.