

Case Number:	CM15-0090802		
Date Assigned:	05/15/2015	Date of Injury:	03/24/1998
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on March 24, 1998. The mechanism of injury was not provided. The injured worker has been treated for back, bilateral shoulders, bilateral upper extremities, bilateral wrist and hands, bilateral hips and right lower extremity complaints. The diagnoses have included chronic pain syndrome, muscle pain, lumbar degenerative disc disease, low back pain, lumbar radiculitis, neck pain, shoulder pain, shoulder bursitis, carpal tunnel syndrome, wrist tendonitis and neuropathic pain. Treatment to date has included medications, radiological studies, electrodiagnostic studies, epidural steroid injections, a home exercise program, bilateral carpal tunnel release surgery and left wrist surgery. The documentation notes that the injured worker had a lumbar epidural steroid injection on March 17, 2015, with fifty percent pain relief and an increase in activities of daily living. Current documentation dated April 9, 2015 notes that the injured worker reported low back pain with radiation to the lower extremities and neck and shoulder pain radiating to the her arms. Examination of the cervical spine revealed tenderness over the paraspinal and periscapular region bilaterally. Cervical range of motion was noted to be decreased. Right shoulder examination noted increased pain with abduction of the shoulder. Lower back examination revealed tenderness over the lower thoracic and lumbar paraspinal muscles. Increased pain was noted with flexion. A straight leg raise was negative bilaterally. Medications included Lyrica and Ambien CR. The injured worker suffered from insomnia related to the chronic pain. The injured worker was noted to be able to fall asleep and stay asleep with the use of Ambien CR. The treating physician's plan of care included a request for Ambien CR 12.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 05/01/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 38.0. UpToDate. Accessed 05/01/2015.

Decision rationale: Ambien-CR (long-acting zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not detail when this medication was started, but these records reported the worker had used it for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or detailed description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien-CR (long-acting zolpidem) 12.5mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.