MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/13/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	8/7/2013
Date of Injury:	7/5/2011
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008856

1) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 10mg #30 with 1 refill is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 10mg #30 with 1 refill** is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, has a subspecialty in Child and Adolecent Psychiatry and is licensed to practice in New York. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
This case involves a disabled 54 year-old male worker who injured his back on July 5, 2011. The patient suffers from unrelenting discomfort and neurologic sequelae despite pain medication and epidural steroid injections in mid-2013. The patient has no identified psychiatric history but he does have sleep dysregulation secondary to his chronic pain. The patient was first prescribed Ambien (zolpidem) on November 21, 2012 for “severe difficulty getting to sleep due to his discomfort,” and it remained on his medication list thereafter through the latest note from July 15, 2013. On May 31, 2013, the sleep dysfunction was characterized as middle insomnia with frequent awakenings because of pain. The progress notes do not comment on the efficacy of the zolpidem therapy. On August 7, 2013, the zolpidem was not certified by the insurer

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Ambien 10mg #30 with 1 refill:**

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator based its decision on the ODG, Pain, Zolpidem, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 14, which is part of MTUS; and the following articles: (1) Reite M. (2009) Treatment of Insomnia. (Chapter 60). The American Psychiatric Publishing Textbook of Psychopharmacology, 4th Edition (accessed on line at http://psychiatryonline.org). Arlington, VA: American Psychiatric Publishing and (2) Buysse DJ, et al. (2008). Sleep Disorders (Chapter 22). In R. Hales, S. Yudofsky, G. Gabbard (Eds.), The American Psychiatric Publishing Textbook of Psychiatry, 5th Edition (accessed on line at http://psychiatryonline.org). Arlington, VA: American Psychiatric Publishing, which are not part of MTUS.

Rationale for the Decision:

Zolpidem is approved by the United States Food and Drug Administration for the short-term treatment of initial insomnia. The medication can cause sedation, cognitive dulling, dependence and tolerance. Additionally, zolpidem has a half-life of less than 2.5 hours, thus it is generally not useful for middle insomnia. Considering its indication, limitations and potential side effects, zolpidem is not a preferred long-term treatment for chronic insomnia. The evidence-based intervention of cognitive behavioral therapy for insomnia is a more attractive option, while tricyclic antidepressants are recommended as a first-line option for pain accompanied by insomnia per the chronic pain medical treatment guidelines. **The request for Ambien 10mg #30 with 1 refill is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.