

Case Number:	CM14-0023131		
Date Assigned:	05/12/2014	Date of Injury:	01/09/2002
Decision Date:	08/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is 63-year-old male with a 01/09/2002 date of injury. The patient has been treated for chronic back pain and bilateral wrist and hand pain. Progress reports by [REDACTED] the patient's treating physician, dating back to 04/11/2013. It is evident that the patient was being prescribed Ambien since that point in time if not earlier. Patient status report dated 12/19/2013 indicates that the patient's back continues to flare up with pain off 5/10 pain level in his wrist are 4/10. Patient receives chiropractic treatment once a month. The medication list includes Remeron 30 mg, Ambien 10 mg, Xanax 0.5 mg and Geodon 60 mg. It is noted that he sleeps well with these medications without sleepwalking or a.m. dizziness and sedation. No change in his mental state has been indicated. Request is for Ambien 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: 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 Non-MTUS Official Disability Guidelines (ODG), Pain Chapter; Ambien.

Decision rationale: ODG indicate that Ambien is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. In addition FDA indicates that hypnotics should be limited to 7 to 10 days and that Ambien should not be prescribed in quantities exceeding a one-month supply. There is no mention of attempts to normalize the patient's sleep hygiene by implementing cognitive behavioral therapy as a non-pharmacologic treatment. There are risks of habit formation and memory impairment aside from increased pain and depression over long-term use. Therefore, the request for Ambien 10MG #30 is not medically necessary and appropriate.