

<b>Case Number:</b>	CM13-0051157		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology; Pain Medicine, and is licensed to practice in Florida. 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 physician 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:

The patient is a 30-year-old female who reported an injury on 07/27/2010. The patient is diagnosed with major depressive disorder, insomnia type sleep disorder, and psychological factors affecting medical condition. The patient was seen by [REDACTED] on 10/01/2013. The patient reported ongoing depression with better sleep quality. Physical examination was not provided. Psychological testing was not provided. Treatment recommendations included continuation of current medications including Zoloft, Ativan, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 12.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Empirically supported treatment includes stimulus control,

progressive muscle relaxation, and paradoxical intention. As per the clinical documentation submitted, there is no objective evidence of chronic insomnia or sleep disturbance. Although the patient is diagnosed with insomnia type sleep disorder, there is no documentation of a functional improvement following the ongoing use of this medication. There is also no evidence of a failure to respond to nonpharmacologic treatment prior to initiation of a prescription medication. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.