

<b>Case Number:</b>	CM13-0063234		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/28/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational 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:

This is a 55 year-old female who has reported right thumb symptoms and mental illness after an injury to the right thumb on August 26, 2011. The initial injury was diagnosed as a puncture injury. Treatment has included multiple surgeries, occupational therapy, and medications. The most recent surgery of the thumb was an IP joint fusion. On 11/19/13, the injured worker was evaluated by a psychiatrist. In the evaluation, Ambien was described as having only minimal benefit. Ambien had been used since 2008, stopped, and then restarted in 2011. Current medications included Percocet. The diagnoses were adjustment disorder with anxiety and depression. The treatment plan included Cymbalta, stopping Ambien 10 mg and starting Ambien CR. Work status was "temporarily totally disabled" and "off work indefinitely." A QME on 10/4/13 did not address insomnia or Ambien, and Ambien was not listed as a medication. On 12/3/13 Utilization Review non-certified Ambien, noting reports showing minimal benefit and the Official Disability Guidelines recommendations. On 12/3/13 Utilization Review non-certified Ambien, noting reports showing minimal benefit and the Official Disability Guidelines recommendations. The Utilization Review request and the Independent Medical Review application both list the requested Ambien without any quantities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBEIN CR 12.5 MG AS NEEDED WITH 1 REFILL:** 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).

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

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Zolpidem, a benzodiazepine agonist, is habituating and recommended for short term use only. This injured worker has been given a hypnotic for years, duration in excess of what is recommended in the guidelines cited above. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation. The treating physician noted the lack of benefit from prior use of Ambien. Ambien clearly had no functional benefit in light of the indefinite work status of "temporarily totally disabled." The quantity requested now was not specified. Zolpidem is not indicated for unlimited duration and quantities per the cited guidelines. Zolpidem is not medically necessary based on lack of a sufficient analysis of the patient's condition, the Official Disability Guidelines citation, and overuse of habituating and psychoactive medications, and lack of benefit from prior use of Zolpidem.