

<b>Case Number:</b>	CM14-0012601		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/24/1995
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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:

The injured worker is a 68 year old male with a date of injury on 3/24/1995. He is diagnosed with (a) lumbar disc disorder and (b) insomnia. Per 12/9/2013 records, the injured worker returned to his provider for a followup regarding his insomnia. It is documented that his carrier has approved 1 mg Lunesta due to difficulty staying asleep and he has frequent night waking. He reported that his Lunesta has been working well and had been on it since 2006. The most recent notes dated 1/28/14 notes the injured worker reported that his pain was reasonably well controlled on his present medical regimen. Current medications include levothyroxine sodium, aspirin 81mg, lorazepam 1mg tablets, atenolol 25mg tablets, atorvastatin calcium 20mg tablets, Hytrin 2 mg capsules, Zoloft 50 mg tablets, Kadian 30 mg, zolpidem tartrate 5m tablets, Neurontin 800mg tablets, and doxepin 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN CHAPTER ZOLPIDEM ( AMBIEN)

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

**Decision rationale:** The provided records indicate that the effect of Lunesta has been deteriorating thus Ambien 5 mg was provided for the injured worker; however, the Official Disability Guidelines indicate that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset, maximum of two weeks. It also indicates that more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. Thus, without support from evidence-based guidelines regarding the efficacy and safety of Ambien for long-term use, the medical necessity of the requested Ambien 5 mg # 60 is not established. The request is not medically necessary.