

<b>Case Number:</b>	CM14-0161870		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/14/2005
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported a work related injury on 04/14/2005. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of a history of a fracture of right big toe which resulted in severe reflex sympathetic dystrophy. The injured worker's past treatment was noted to include medication management. Upon examination on 10/07/2014, the injured worker complained of back pain and severe pain in the right foot up to the right side to other extremities through the spine. It was noted that years ago, on a previous exam, just touching the toe or foot resulted in purplish discoloration and severe, rock hard spasms easily palpable, extending up affected leg, spreading to other leg, up spine, to upper extremities. It was noted that he was fortunate after all the years that had passed after multiple drug trials and interventions to have a relatively stable, as good as possible under the circumstances, existence with positive outlook and reasonable sleep with present states regime for years until Workers' Compensation stopped Soma and Ambien. He has as good a quality of life and sleep as he had had since the injury. The injured worker's prescribed medications were the notes indicated Zanaflex, Ambien, and Soma. The treatment plan consisted of Ambien. The rationale for the request is to help the injured worker sleep. The Request for Authorization form was submitted for review on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter- Insomnia Treatment

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

**Decision rationale:** The request for Ambien is not medically necessary. The Official Disability Guidelines state that Ambien is a prescription "short acting nonbenzodiazepine hypnotic, which is approved for the short term use of 2 to 6 weeks for treatment of insomnia." Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents, are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for short term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. Medical documentation submitted for review revealed the injured worker had been taking Ambien and that it was working well and the injured worker's sleep was greatly improved since starting Ambien. However, the clinical documentation submitted for review failed to provide a recent thorough examination and to provide exceptional factors to warrant nonadherence to guideline recommendations for short term use of this medication for insomnia. As such, the request for Ambien is not medically necessary.