

<b>Case Number:</b>	CM14-0024674		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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 42-year-old male who reported an injury on 4/9/10. The mechanism of injury was not provided. On 8/19/13, the injured worker presented with low back pain with radiation to the lower extremities. Upon examination, there was restricted range of motion due to pain, positive straight leg raise bilaterally, decreased sensation on the left side below the knee, and tenderness noted throughout the lumbosacral musculature. Diagnoses were lumbar strain, lumbar radiculopathy, status post L1-2 laminectomy/discectomy, L5-S1 discogenic bulge status post surgery, severe depression, insomnia, weight gain, sexual dysfunction, and constipation. Prior therapy included OxyContin, oxycodone, Valium, and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5MG #30/DENIED BY PHYSICIAN ADVISOR:** 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 Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines state Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks,

treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, or so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend it for long-term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The included medical documentation does not specify if the injured worker has had any symptoms of insomnia; the severity of the insomnia was not indicated. There is no documentation on if the injured worker has trouble with sleep onset, maintenance, quality of sleep, or next day functioning. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.