

<b>Case Number:</b>	CM14-0043028		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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, has a subspecialty in Pain Management 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 female injured worker has a date of injury of 09/30/1997. A utilization review determination dated 03/25/2014 recommended non-certification for Ambien 10mg. The request was denied due to failure to substantiate the medical necessity of this medication. A progress report dated 01/21/2014 identified subjective complaints of depression and anxiety. The patient was noted to have abruptly stopped taking Wellbutrin and Sertraline almost 3 months prior to the appointment. The patient is sleeping a lot with Benadryl, but the sleep is interrupted and she fears she has sleep apnea. The treatment plan recommended was resuming Wellbutrin, Zoloft, continuing Benadryl as needed for sleep, and consider a sleep apnea work-up. A progress report dated 12/11/2013 identifies no subjective complaints. Physical examination identifies lower spine junction tenderness with tenderness to the superior iliac crest as well. Diagnoses include back pain with radiation, bilateral knee pain, bilateral foot and ankle pain, right wrist sprain, right elbow pain, chronic pain, hypertension, neuropathic complaints, plantar fasciitis, major depressive episode and internal derangement of the left knee. An AME report dated 11/06/2013 indicates that the patient was having issues with anxiety and depression. The note goes on to state that the patient had been having trouble getting to sleep and was waking frequently throughout the night. She also complained of fatigue throughout the day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg quantity 30:** 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), Pain.

**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, Sleep Medication.

**Decision rationale:** Regarding the request for Ambien (Zolpidem), the MTUS guidelines are silent regarding the use of sedative hypnotic agents. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7-10 days, may indicate a psychiatric or medical illness. Within the documentation available for review it is clear that this patient struggles with depression, anxiety and chronic pain. However, there is no indication that there has been an adequate work-up of the patient's insomnia complaints, or attempts at behavioral techniques to address any insomnia complaints, prior to the initiation of pharmacologic treatment. Additionally, there is no indication that Zolpidem is being used for short term treatment as recommended by guidelines. Furthermore, there is no statement indicating how the patient has responded to treatment with Zolpidem, or any discussion regarding side effects from its use. Finally, ODG recommends that women use a 5 mg dose rather than the requested 10mg dose, due to an increased risk of side effects. In the absence of clarity regarding those issues, the currently requested Zolpidem, is not medically necessary.