

<b>Case Number:</b>	CM14-0044465		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/08/2001
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Psychiatry 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:

Injured worker is a 51 year old male with date of injury 2/8/2001. Date of the UR decision was 4/7/2014. He underwent L4-5 transforaminal lumbar interbody fusion, L5-S1 hardware removal with fusion exploration on 2/28/2013. Report dated 3/3/2014 indicated that he continues to have lower back pain and bilateral extremity pain secondary to industrial injury. Report dated 3/24/2014 indicated that the pain level was higher compared to the previous visit. Quality of sleep was reported to be poor. Prescribed medications were Trazodone 100-200mg as needed at night, Lidoderm, Percocet, Neurontin, Ambien 10mg nightly as needed and Toradol. Reports dated 4/17/2014, 4/29/2014, 5/2/2014, 5/29/2014, and 6/26/2014 also suggested that Trazodone and Ambien were continued for sleep problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg Tablet, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Official Disability Guidelines states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The reports dated 3/24/2014, 4/17/2014, 4/29/2014, 5/2/2014, 5/29/2014, and 6/26/2014 indicated that injured worker was continued on Ambien 10mg nightly as needed for insomnia secondary to the chronic pain. The request for Ambien 10mg #30 is not medically necessary as it is not indicated as a long term treatment of insomnia.