

<b>Case Number:</b>	CM14-0078255		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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:

According to the provided documents this is a 48-year-old male with a date of injury of 10/22/04. He was injured after he had put sod in an area and was walking and he felt his right knee crack. Eventually he underwent right knee surgery 12/2005 with postoperative PT and medication. He later developed compensatory left knee pain and low back pain. He developed problems, depression and came under the care of a psychiatrist as well as an orthopedist. The disputed treatment is Ambien 10 mg requested in a report of 5/17/14 and subsequently not approved. This is prescribed by his psychiatrist for treatment of insomnia. There are also chronic complaints of depression and pain. The medical records indicate he been using the Ambien since before a 11/13/13 PR-2 which indicated he was already on the medication and that he was sleeping well. He was also taking Cymbalta, an antidepressant at that time. He continued using both of those on a monthly basis through at least 2/13/14. A 3/12/14 psychiatry report indicates the patient had not had any medications in a month because they had not been authorized. He was feeling more depressed but that report did not mention any sleep issues. There is a 5/17/14 report with subjective complaints that are same as previous reports: depression, insomnia and chronic pain syndrome. He has not had any Cymbalta or Ambien for 2 months. He had not been sleeping as well. He was given another antidepressant Fetzima and Seroquel to use at bedtime, another psychotropic medication. A 6/24/14 report noted that there had been approval on 5/15/14 for Cymbalta but the Ambien was denied. The report stated the patient was sleeping fine as the Cymbalta helps him relax and Seroquel helps him sleep. He was swimming a lot; the patient was doing better, more cheerful and was getting along well with his wife. Diagnoses are major depression and insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for ambien 10mg, #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: Pain (chronic)

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

**Decision rationale:** This is also known as Zolpidem, it is a medication for insomnia. MTUS guidelines do not address insomnia but it is addressed in the ODG. This patient had previously been using this chronically through February 2014 and was reportedly off the medications for at least 2 months. He did have recurrent sleep issues but both the antidepressant Cymbalta and the Ambien were not being used. ODG says that Ambien is only supported for short-term treatment of insomnia; 2-6 weeks in previous use had preceded that. The request was to resume the Ambien at that point. Although the patient had previously said he was sleeping better with a combination of the two medications, previous use exceeded guidelines. The rationale in the utilization review for no certification was that there was no reason to put the patient back on another short acting medication for insomnia and risk of developing chronic use and dependence again. Given that this patient's insomnia complaints are chronic and long-standing, looking for alternative medications to treat the insomnia rather than putting him back on a short acting sleep aid is therapeutically preferable. ODG recommends treating the cause of the insomnia. The Ambien was not at that time medically necessary based on the guidelines and the evidence. In fact, without the Ambien alternative medications were found in the patient's next report showed significantly increased function with better sleep than what had been reported while the patient was taking the Ambien chronically. Thus, based upon the evidence and the guidelines the Ambien is not considered to be medically necessary.