

<b>Case Number:</b>	CM14-0094110		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

This patient is a 64 year old female who has developed a chronic pain syndrome subsequent to her reported date of injury of 10/07/10. She has pain which involves the right upper extremity and the upper plus lower back. MRI studies of the right shoulder revealed degenerative changes in the AC joint and rotator cuff soft tissues. Surgical intervention is being considered. Cervical MRI studies showed wide spread spondylosis with a C 4-5 disc herniation causing nerve root impingement. She has had cervical epidural injections X's 2. Her current medications per month include MS Contin 15mg #60, Norco 10/325 #120, Colace, Wellburtrin #60 and Ambien 5mg. The orthopedic treating physician has documented a significant sleep disorder. The recent psychological evaluation documented significant depression, anxiety and a severe sleep disorder as part of her chronic pain disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Request for Ambien 5mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** MTUS Guidelines do not address this specific issue, however ODG Guidelines address this issue in some detail. In general, ODG does not recommend the long term use of hypnotic (sleep) medication, however the Guidelines do not recommend just stopping the medications for chronic insomnia. The Guidelines recommend cognitive behavioral therapy in addition to the hypnotic medications with an eventual trial of tapering and stopping the medication. This patient has not been provided cognitive behavioral therapy for her sleep disorder. The U.R. review denied the Ambien stating there is no documentation of a sleep disorder and no documentation of alternative treatments for insomnia. The records reviewed clearly document a chronic problem with insomnia and Guidelines suggest concordant cognitive therapy and medications for a period of time (about 6 weeks). She has not been provided the cognitive therapy recommended before discontinuing the sleep medication. Guidelines do not recommend stopping hypnotic medications under these circumstances. Therefore, the retrospective request for Ambien 5mg #60 (DOS: 4/28/14) is medically necessary and appropriate.