

Case Number:	CM14-0186239		
Date Assigned:	11/14/2014	Date of Injury:	06/06/2005
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 44-year-old gentleman with a date of injury of 06/06/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/03/2014 and 09/29/2014 indicated the worker was experiencing worsening lower back pain that went into the thighs and leg numbness. Documented examinations described decreased motion in the lower back joints, lower back tenderness with spasm, and positive facet testing. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral disk degeneration and cervical and lumbosacral spondylosis. Treatment recommendations included oral pain medications, a medication for problems sleeping, urinary drug screen testing, and injected medication near the lower back spinal nerves. A Utilization Review decision was rendered on 10/28/2014 recommending non-certification for thirty tablets of Ambien (zolpidem) 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg qty 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the

evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 33.0. UpToDate. Accessed 01/10/2015. Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 01/10/2015.

Decision rationale: Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation indicated the worker was experiencing worsening lower back pain that went into the thighs and leg numbness. There was no mention of a sleep problem or record of a detailed assessment as the literature supports. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem) 10mg is not medically necessary. While an individualized taper is generally required when this medication is no longer of benefit, the worker had not been taking it previously, so a taper is not necessary.