

<b>Case Number:</b>	CM14-0186427		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

Injured worker (IW) is a 51 year old male who sustained an industrial injury to the multiple body areas in a 07/09/03 motor vehicle accident. He is s/p left knee arthroscopy 04/19/06, right carpal tunnel release on 09/22/06, and 09/22/06 left carpal tunnel release. He is s/p L5-S1 partial laminectomies and microscopic discectomy on 10/05/10. Requests for lumbar fusion have been denied following peer review. Other treatment has included medications, physical therapy, surgeries, chiropractic treatments, individual psychotherapy (IPT), instruction on sleep hygiene measures, and epidural steroid injections (ESIs). He has been prescribed zolpidem (Ambien) on a long-term basis for treatment of insomnia characterized by difficulty falling asleep. Per AME reports, nonindustrial medical comorbidities include obstructive sleep apnea, diabetes mellitus, and diabetic neuropathy resulting in dysesthesia and sexual dysfunction, and hyperlipidemia. 09/15/14 office note stated that without Ambien, IW is unable to get even an hour or two of sleep per night. Treating physician stated "This is a minimal dosage of Ambien and allows the patient to obtain at least a measure of decent restful sleep."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, thirty count with five refills:** 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), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem (Ambien®); Insomnia treatment

**Decision rationale:** MTUS states: "The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." MTUS is silent concerning specific recommendations for insomnia treatment including Zolpidem. ODG recommends Zolpidem for short-term (usually 2-6 weeks) use, stating, "While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." ODG recommendations concerning insomnia treatment state: "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance." Based upon documented diagnosis of obstructive sleep apnea, it appears that IW has received a sleep evaluation. Non-pharmacological treatment of insomnia including instruction in sleep hygiene measures is documented. Following a recent period off Zolpidem following denial of this medication, further deterioration in IW's sleep pattern is documented. Provider has stated that Zolpidem allows IW a minimum of restful sleep. Based upon the information provided included ongoing sleep difficulties, failure of sleep hygiene measures alone to improve the problem, and previous positive response to chronic administration of Zolpidem, it is recommended that exception be made in this case to the ODG recommendation for short-term only use of Zolpidem. Medical necessity is established for the requested Zolpidem.

**Norco 7.5/325 mg, sixty count with five refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Due to lack of documented functional improvement on opioid treatment, continuation of Norco is not supported by MTUS recommendations. While treating physician provides the argument that continuing medications at the current time is necessary

because IW is a surgical candidate, this documented rationale is insufficient to justify provision of a 6 month supply of medications.