

<b>Case Number:</b>	CM14-0194590		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 56-year-old woman with a date of injury of 09/02/2008. A treating physician note dated 09/23/2014 identified the mechanism of injury as cumulative trauma resulting in pain involving both hands, forearms, and elbows. Treating physician notes dated 09/23/2014 and 10/21/2014 indicated the worker was experiencing pain in both arms, problems falling and staying asleep, muscle cramps, and depressed and anxious mood. Documented examinations consistently described a tearful, depressed, anxious, and distressed affect; decreased motion in the right shoulder; positive right Neer, Hawkins, and Speeds testing; tenderness in the right shoulder; positive Tinel signs at both wrists and both elbows; and decreased sensation in the fingers.. The submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome, ulnar neuropathy, lateral and medial epicondylitis, and right shoulder pain. Treatment recommendations included oral and dermal pain medications, medication to fall and to stay asleep, medication for depression and for anxiety, specialist emotional support, and follow up care. A Utilization Review decision was rendered on 11/07/2014 recommending partial certification for fifteen tablets of Ambien-CR (zolpidem-CR) 12.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien VCR (Zolpidem CR) 12.5ng quantity 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/ambien](http://www.drugs.com/pro/ambien)

**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 problems falling and staying asleep. These records suggested this was caused by uncontrolled pain. However, a thorough assessment containing the majority of the elements recommended by established guidelines and the literature was not documented. There was no indication behavioral interventions had been tried. Further, there was no discussion explaining the reason(s) this medication would be expected to have greater benefit with fewer risks compared with improved pain management in general or sufficiently supporting the use of this medication long-term. In the absence of such evidence, the current request for thirty tablets of Ambien-CR (zolpidem-CR) 12.5mg is not medically necessary. While an individualized taper is generally required when this medication is no longer of benefit, the worker should be able to complete this wean with the medication already available.