

<b>Case Number:</b>	CM14-0195744		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 50 year old female, who sustained an industrial injury on 11/1/2004. She has reported right shoulder and back pain. The diagnoses have included lumbar spine disc herniation without myelopathy, chronic pain syndrome, chronic myofascial pain, sacroiliac joint arthropathy, left side, and rotator cuff syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy. Currently, the Injured Worker complains of low back pain with radiation to left leg rated 7-8/10 VAS without medication, and 3-4/10 VAS with medications. Physical examination from 5/18/14 documented tenderness over iliac spine, L5-S1 with positive Patrick's sign and pelvic compression tests. The plan of care included continuation of previously prescribed medication and requesting authorization for a sacroiliac joint injection. On 10/21/2014 Utilization Review modified certification for Ambien 10mg #30, allowing a one month supply to allow for weaning purposes. The MTUS Guidelines were cited. On 11/21/2014, the injured worker submitted an application for IMR for review of Ambien 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), Insomnia Treatment

**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). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 03/24/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 363.0. UpToDate. Accessed 03/15/2015.

**Decision rationale:** Ambien (zolpidem tartrate) 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 records indicated the worker was taking this medication for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem tartrate) 10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.