

<b>Case Number:</b>	CM14-0198511		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 case involves a male injured worker who sustained an injury on 11/27/1996. He complained of pain in bilateral arms, bilateral legs, bilateral shoulders, bilateral buttock, bilateral knees and bilateral low back. On physician visit dated 10/13/2014, the injured worker stated that his constant pain was more controlled and tolerable with medication regimen. Past medical history included global fusion at L4-5 and L5-S1, Hashimoto's thyroiditis, depression, hypertension and obstructive sleep apnea with CPAP machine. His sleep assessment was as follows: after light are out it takes more than 2 hours for the patient to go to sleep, awakens on the average of 2 times per night, does not sleep during the day, and does take sleep medication. His medication regimen included Duragesic patches, Norco 10-325, Voltaren XR, Ambien 10 mg, Ambien CR 12.5mg, Cymbalta 60 mg, Zanaflex 6 mg, Effexor 75 mg, Zonegran 100mg, Terazosin HCL 5 mg, Diphenhydramine HCL 50 mg, Lidoderm 5%, Thermophore Arthritis Large Pads, Cialis 10mg, Levothroid 125 mcg and Androgel Pump 1% Gel. Treatment plan included prescription refills.

### 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), Pain, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

**Decision rationale:** According to Official Disability Guidelines (ODG), Non-Benzodiazepine Sedative-Hypnotics (Benzodiazepine-Receptor Agonists) is a first-line medication for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substance, which means they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.

**Ambien CR 12.5mg #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), Pain, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine Sedative-Hypnotics (Benzodiazepine-Receptor Agonists) (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

**Decision rationale:** According to ODG guidelines, <Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency>. Ambien is not recommended for long-term use to treat sleep problems. It seems that the patient has been prescribed Ambien in the past without clear documentation of efficacy. There is no objective characterization of the patient sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no characterization of patient sleep problems. Therefore, the prescription of Ambien 12.5mg, #30 is not medically necessary.