

<b>Case Number:</b>	CM14-0209518		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 patient is a 59 year old male who was injured on 1/4/2007. The diagnoses are insomnia, groin pain, groin strain, headache and low back pain. There are associated diagnoses of generalized anxiety disorder, major depression, obesity and obstructive sleep apnea. The patient is undergoing cognitive behavioral and psychiatry care. On 11/20/2014, it was noted that the patient had many work related stressors, irritability, loss of will to live, crying episodes, weight gain, decreased libido, anxiety and depression. The medications listed are hydrocodone, gabapentin, pantoprazole, Alprazolam, Ambien, Bus par and Wellbutrin. There are several UDS reports that showed negative results for prescribed opioids, benzodiazepines and Ambien. A Utilization Review determination was rendered on 12/5/2014 recommending non certification for 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 Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of sleep medications be limited to short term use for periods of less than 4 weeks after organic causes of insomnia have been fully investigated and treated. The chronic use of sedatives and sleep medications is associated with the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient have significant psychiatric and psychosomatic symptoms that have not been full controlled. The chronic use of Ambien is associated with increased incidence of adverse effects in patients with co-existing obesity and obstructive sleep apnea. There is concurrent utilization of opioids with multiple sedatives and psychiatric medications. The guidelines recommend compliance monitoring of patient on chronic opioids and sedative medications. The patient was noted to be non-compliant with documentation of several UDS showing non detection of prescribed medications. The criteria for the use of Ambien 10mg #30 was not met.