

<b>Case Number:</b>	CM15-0135312		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/22/2004
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 73 year old female, who sustained an industrial injury, January 22, 2004. The injured worker previously received the following treatments Lyrica, Ambien, Norco, Flexeril, Cymbalta, Atenolol, Vytarin, Synthroid, Aciphex, lumbar spine MRI and paraspinus CT scan. The injured worker was diagnosed with bursitis, shoulder joint pain, postlaminectomy syndrome lumbar spine, lumbosacral neuritis, and headache and Type 2 non-insulin dependent diabetes. According to progress note of June 15, 2015, the injured worker's chief complaints were headaches and pain the lumbar spine. The injured worker reported an overall 50% in functional improvement with Norco. The injured worker reported struggling with all activities of daily living and would not be able to perform any exercises. The injured worker was independent with driving, cleaning, laundry and dish washing. The injured worker avoided any activities that required bending at the hips or knees as that exacerbated the pain. The physical exam noted there was tenderness with palpation of the right lumbar facets, left lumbar facets, right thoracic facets, right thoracolumbar spasms, left thoracolumbar spasms, right greater trochanter bursa. The straight leg raises were positive on the right at 60 degrees. The injured worker walked with an antalgic gait. The range of motion was decreased in the lateral flexion to the right and left of 20 degrees; flexion of the lumbar spine was 60 degrees and extension of 10 degrees. The factors which caused the decrease range of motion were pain with extension, forward flexion and lateral rotation. There was tenderness in the right lumbar facets and the lumbosacral region. The treatment plan included prescription refill for Ambien.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg quantity 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, Treatment in Workers' Compensation, Work Loss Data Institute, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia and pain chapter- pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for over a month. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Ambien is not medically necessary.