

<b>Case Number:</b>	CM15-0144822		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 50 year old male, who sustained an industrial injury on 9-19-13. The diagnoses have included lumbar sprain, low back pain, history of lumbar surgery, and lumbar discopathy with low back and lower extremity radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, spinal surgery, physical therapy, epidural steroid injection (ESI), other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6-18-15, the injured worker is for orthopedic follow up and will be undergoing discography at the recommendation of the spinal specialist so that a decisions can be made as to what is going to help him in terms of surgical treatment. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Neurontin, Zanaflex and Voltaren. The objective findings reveal that he continues to have tenderness and spasm in the lumbar area, with straight leg raise positive on both sides, and some weakness to resistance to knee extension. The physician notes that the Zanaflex is making the injured worker dizzy and the Voltaren was denied so he will discontinue the Zanaflex. The physician requested treatment included Ambien 10mg #30 due to difficulty sleeping at night due to pain.

### 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), 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for back pain and symptoms of spinal stenosis. When seen, Zanaflex was causing dizziness. He was continuing to take Neurontin. Physical examination findings included lumbar tenderness and spasms with positive straight leg raising and decreased knee extension strength. Zanaflex was discontinued. Authorization for Ambien was requested because he was having difficulty sleeping. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien was not medically necessary.