

<b>Case Number:</b>	CM15-0149603		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/03/2007
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male, who sustained an industrial injury on March 3, 2007. Treatment to date has included cognitive behavioral therapy, activity modification, psychiatric medications and medication management. Currently, the injured worker complains of pain in his legs and low back. He reports feeling very depressed and having negative thoughts. He reports experiencing drowsiness and a dry mount as a side effect of Abilify. Documentation from May 7, 2014 revealed the injured worker was able to sleep seven hours each night with the use of Ambien. The diagnoses associated with the request include major depressive disorder and generalized anxiety disorder. The treatment plan includes lumbar disc reevaluation, discontinuation of Ability and continuation of Wellbutrin, Buspar, Ambien, Belsombra and Seroquel.

### 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 ODG Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to leg, forearm and sciatica, which makes it difficult to perform activities, and difficulty sleeping. The request is for AMBIEN 10MG #30. Patient's diagnosis per Request for Authorization form dated 07/06/15 includes major depressive disorder, and generalized anxiety disorder. Patient's diagnosis on 04/03/15 includes multilevel cervical disc herniation, thoracic disc herniation T7-T8, and sleep disorder. Treatment to date has included cognitive behavioral therapy, activity modification, psychiatric medications and medication management. Patient's medications include Ambien, Wellbutrin, Buspar, Belsombra and Seroquel. The patient is temporarily totally disabled for his psychological condition, per 04/03/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 05/07/14, 04/03/15, and 05/28/15. It is not known when this medication was initiated. Progress report dated 05/07/14 states the patient was able to sleep seven hours each night with the use of Ambien. However, ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Continued use of this medication is not in accordance with guidelines and cannot be warranted. Therefore, the request IS NOT medically necessary.