

<b>Case Number:</b>	CM15-0165394		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 59 year old male who sustained an industrial injury on 5-3-06. His initial complaints and the nature of the injury are not available for review. According to the Pain Management Re-evaluation, dated 7-6-15, the injured worker has diagnoses of cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, insomnia, and chronic pain. His complaints on the 7-6-15 visit included neck pain that radiates down his right upper extremity, as well as to the right hand. He stated that he had numbness in the right upper extremity to the level of his hand. He also complained of "frequent muscle spasms in the neck". The pain was noted to be aggravated by activity, repetitive head motions, and walking. He also complains of low back pain that radiates down the bilateral lower extremities to both feet. He reported that he has intermittent numbness in the left lower extremity to the level of his toes and intermittent tingling in his right lower extremity to the level of his foot. He reported that activity and walking aggravated the symptoms. The report states that the injured worker has "insomnia associated with ongoing pain". His pain rating with medications was "3 out of 10". He reported that pain interferes with his activity and sleep. Previous tried treatments have included a transforaminal epidural steroid injection, bilaterally, at L4-5 on 8-9-13, the use of non-steroidal anti-inflammatory medications, as well as sleep aids, and a cervical epidural injection in February 2013. The provider reviewed his medications on the 7-6-15 visit. The report states "it is determined that the patient meets the criteria for continuation of medication management". Previous diagnostic studies have included an MRI of the cervical spine on 8-28-07, an MRI of the lumbar spine on 5-18-07, and a nerve conduction study on 12-31-08. The report indicates

that an Insomnia Severity Index was administered on 3-3-14 and the injured worker was determined to have "moderate severity clinical insomnia". The treatment plan included a request for a lumbar epidural transforaminal steroid injection, a home exercise program, and medications, including Ambien and Naproxen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien tablets 10mg (#30 with 1 refill) Qty: 60.00: 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 has a remote history of a work-related injury in May 2006 and is being treated for chronic radiating neck and radiating low back pain. When seen, he was in moderate distress. There was cervical and lumbar tenderness with decreased and painful range of motion. There were lumbar spasms. There was decreased bilateral upper extremity and lower extremity sensation and straight leg raising was positive bilaterally. The claimant has moderately severe insomnia. Ambien has been prescribed since at least March 2015. 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, although the claimant has insomnia, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien was not medically necessary.