

<b>Case Number:</b>	CM15-0168997		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/11/1992
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 56-year-old male, who sustained an industrial injury on September 11, 1992 resulting in pain or injury to the lower back. Currently, the injured worker reports low back pain and leg pain. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain status post lumbar surgery in 2012, lumbar disc displacement without myelopathy, low back pain, spinal stenosis of the lumbar region, and MRI findings of severe central canal stenosis and also possible arachnoiditis at the L3-L4 level. The Primary Treating Physician's report dated December 11, 2014, noted the injured worker with worsening low back pain with increased swelling in his lower back region with activities, increasing pain in his bilateral legs, and weakness in the dorsiflexors and plantar flexors of the bilateral feet. Per the Primary Treating Physician's progress report dated February 10, 2015, noted the injured worker with limited range of motion (ROM), hypertonicity with tenderness noted over the bilateral lower back musculature, reduced strength in the hip flexors, and diminished strength in the bilateral ankles. The treating physician indicates that a MRI dated December 15, 2014 multilevel spinal canal stenosis described as severe, involving the T12 and L1 along with a posterior disc herniation causing moderate effacement, suspecting a L3-L4 arachnoiditis. Prior treatments have included physical therapy, lumbar surgery, with the current medications of Dilaudid, Ambien, prescribed since at least August 2014, and Lorazepam. The request for authorization dated July 28, 2015, requested authorization for Ambien CR 12.5mg #30 with 2 refills for treatment for the effects of the industrial injury. The Utilization Review (UR) dated August 4, 2015, non-certified the request for Ambien CR 12.5mg #30 with 2 refills for treatment for the effects of the industrial injury, as there was no documentation with a rationale supported with objective evidence to support medical necessity.

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

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

**Ambien controlled release 12.5mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem.

**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 injury in September 1992 and is being treated for low back and lower extremity pain and has a history of lumbar surgery in 2012. The claimant has severe multilevel lumbar spinal stenosis. When seen, there was a BMI of nearly 26. There was decreased lumbar range of motion with diffuse lumbar and gluteal muscle tenderness. There was decreased lower extremity strength and slightly decreased lower extremity sensation. Ambien CR was refilled. Ambien CR (zolpidem) is a prescription short-acting nonbenzodiazepine 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. 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.