

<b>Case Number:</b>	CM15-0180510		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 64-year-old female who sustained an industrial injury on 10-18-07. The assessment is noted as carpal tunnel syndrome, pain in joint involving hand, myalgia and myositis-unspecified-chronic, chronic opioid analgesic therapy, muscle spasms-chronic, adjustment disorder with anxiety, chronic pain due to trauma, mononeuritis of unspecified site-chronic, and depression-anxiety. Previous treatment includes but is not limited to medication, psychiatric treatment, psychological sessions, CURES 9-19-14, and urine drug screening 10-28-13. In a progress report dated 8-26-15, the primary treating physician notes left wrist pain is rated at 10 out of 10 without medication and 7 out of 10 with medication. It is noted she wears a brace over the right wrist and has been having more pain. She has an appointment to follow up with the surgeon. It is noted that "she takes Gabapentin for her right neuropathic thumb pain as a sequela to her trigger finger release" and "it quiets it after dosing it." Ambien 5mg is listed with a start date of 7-22-14. In a psychiatric follow-up visit note dated 8-25-15, the physician lists the current psychiatric medications as Lexapro 20mg daily, Seroquel XR 50mg 1 AM and 2 in the evening for depression, Xanax 0.5mg twice-three times a day for anxiety and Ambien 10mg at bedtime as needed for sleep. It is noted she is being followed for anxiety, depression associated to a work related injury, and that her psychiatric symptoms continue to improve. It is noted she did not have Seroquel and Lexapro for 11 days and she reports she began suffering bouts of depression, felt sad, lacked motivation and did not want to do anything and was unable to concentrate. Her symptoms grossly improved as soon as she began taking medications. It is noted she is trying to reduce Xanax and was placed on Vistaril for anxiety but could not tolerate

the medication and stopped taking it. Her Xanax 1mg and Ambien 10mg were filled. She will be re-evaluated in one month. It is noted she remains very disabled from gainful employment. A request for authorization is dated 9-1-15. The requested treatment of Ambien 10mg #30 was modified to Ambien 10mg #15 on 9-3-15.

### **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, Pain Chapter.

**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 under Zolpidem (Ambien).

**Decision rationale:** Based on the 8/25/15 progress report provided by the treating physician, this patient presents with anxiety and depression, and improving psychiatric symptoms. The treater has asked for AMBIEN 10MG #30 on 8/25/15. The patient's diagnosis per request for authorization dated 9/1/15 is depressive disorder NOS. The patient also has chronic left wrist pain, left thumb and upper extremity pain per 4/28/15 report. The patient began to suffer bouts of depression after insurance company denied her medications Lexapro and Seroquel for 11 days per 8/25/15 report. The patient's Xanax was increased to 1mg BID-TID #65 on 7/2/15 report, but the patient is attempting to reduce her Xanax as of 8/25/15 report. The patient has not thoughts to harm her or others, and does not have any auditory or visual hallucinations per 7/2/15 report. The patient's work status is totally disabled per 8/25/15 report. ODG guidelines, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "Zolpidem is a prescription short-acting non-benzodiazepine 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 2/17/15, 4/28/15, and 8/25/15. It is not known when this medication was initiated. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien for at least 5 months. Furthermore, the request for quantity 30 does not indicate intended short-term use, and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.