

<b>Case Number:</b>	CM15-0180879		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/19/2015
<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: 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 43 year old male who sustained an industrial injury on 1-2-2014. A review of medical records indicates the injured worker is being treated for cervical spine sprain strain, lumbar spine sprain strain, compensatory right knee, right ankle sprain strain status post ORIF, and bilateral shoulder sprain strain. Medical records dated 7-29-2015 noted right ankle pain, right knee pain an 8 out 10, neck and lower back pain a 6-8 out 10, bilateral shoulder pain a 6-7 out 10, and right elbow pain 6-7 out 10. Medical records dated 6-17-2015 noted cervical pain a 7 out of 10, lumbar spine pain a 6-7 out 10, bilateral shoulder pain a 6-7 out 10, and right ankle pain an 8 out of 10. Range of motion was limited to the cervical spine, bilateral shoulders, lumbar spine, and right ankle. Treatment has included surgery, physical therapy, chiropractic care, medications (Ambien since at least 2-2-2015). Utilization review form dated 8-19-2015 included Ambien 10mg # 30.

### 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), Chronic Pain Chapter, 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 January 2014 and is being treated for injuries sustained when he stepping in a hole with a twisting injury to the right ankle. He underwent ORIF of a right ankle fracture. When seen, there was decreased cervical, lumbar, shoulder, and ankle range of motion. There was pain with cervical range of motion. There was right knee tenderness with painful range of motion. He was also now having right elbow pain. Medications were refilled, including ibuprofen and Flexeril. Ambien was prescribed. 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. 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 is not medically necessary.