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| <b>Case Number:</b>   | CM15-0186380 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 10/02/1992 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2015 |

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 female individual who sustained an industrial injury on 10-2-92 to her back. The medical records indicate that the injured worker has been treated for major depressive affective disorder recurrent episode without psychotic behavior; cervicalgia; lumbago; sciatica. She currently (7-17-15) complains of back pain and depression. Her pain level with medications was 5-6 out of 10 and 7-8 out of 10 without medications. On 6-19-15 her pain level was 3 out of 10 with medication and 6 out of 10 without medication. Norco controls her back pain. On physical exam (7-17-15) of the cervical spine the range of motion was limited; lumbar spine exam revealed limited range of motion and straight leg raise was positive on the right. Treatments to date include Ativan, buspirone, Lamictal, Norco, Protonic, Seroquel. In the progress notes present there was no mention of sleep issue. The 9-4-15 progress note was not present for review. On 9-17-15, Utilization Review, non-certified the request for Ambien 5 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #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), Stress & Mental Illness 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) Mental Illness & Stress/ Insomnia treatment.

**Decision rationale:** MTUS is silent regarding this issue. ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The request for Ambien 5mg #30 is excessive and not medically necessary since is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Thus, the request for a 30 day supply is not clinically indicated based on the guidelines.