

<b>Case Number:</b>	CM15-0192786		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 49 year old male, who sustained an industrial injury on 4-12-08. The injured worker was diagnosed as having right knee pain; chronic left knee pain; bilateral lumbar facet joint pain L4-5, L5-S1; lumbar facet joint arthropathy; left sacroiliac joint pain; mild degenerative disc disease L5-S1; lumbar spinal stenosis; left ankle derangement; psych; GERD. Treatment to date has included status post left ankle surgery; physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 8-18-15 is titled "Comprehensive Medical-Legal Evaluation Report". The provider indicated the injured worker was in this office for an evaluation. The injured worker complains of bilateral low back pain radiating into the left buttock and into the left lateral thigh, and left lateral calf radicular pain. The provider documents "The patient's fluoroscopically-guided left knee superolateral, superomedial, and interomedial genicular nerve block, fluoroscopically-guided diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch block, testosterone supplementation and Ambien were denied. The patient asked I write a medical legal report to appeal the denial of the patient's procedures, testosterone supplementation and medication. The patient has a court date in September." The PR-2 notes dated 3-3-14; 3-31-15; 4-30-15; 5-26-15; 6-23-15; 7-21-15; 8-18-15 have been submitted as medical and document Ambien 10mg qhs prn sleep was prescribed for each date. PR-2 notes dated 4-30-15 indicted by the provider that a sleep study was authorized but there was no report submitted with that data. On physical examination, the provider documents "Examination of the skin is within normal limits in all limbs, except scarring at the left lower extremity. Lumbar and left ankle ranges of motion were restricted by pain in all directions. There is tenderness upon palpation of the left ankle, right knee, and

lumbar paraspinal muscles overlying the L1 and L4 region. There is tenderness upon palpation of the left buttock and left sacroiliac joint. There is tenderness upon palpation of the left and right knee. Lumbar discogenic and left ankle provocative maneuvers were positive. Left sacroiliac joint provocative maneuvers including Yeoman's, Gaunslens and tenderness at the sacral sulcus, were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally. Muscle strength is 5 out of 5 in the right lower extremity. The remainder of the examination is unchanged from the previous visit." Records indicate the injured worker is a status post left ankle surgery. The provider is requesting Ambien 10mg one daily at bedtime #30. The documentation submitted does not demonstrate a reduction in strength of Ambien or titration in quantity prescribed on a monthly basis. Records submitted do not define when Ambien was first prescribed. There is documentation from the provider that Ambien has been prescribed ongoing and denied or modified several times previously. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-8-15 and modified the certification for Ambien tab 10mg #30 to a quantity of #10 for the purpose of continued tapering to cessation by decreasing dosage by 10% every 2-4 weeks (certified duration 1 month to achieve wean). A request for authorization has been received for Ambien tab 10mg #30.

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

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

**Ambien tab 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) Treatment Index, 12th Edition (web), 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. For example, the dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. In this case, the injured worker has been prescribed ambien since 4/10/14 and there is no sleep study or psychological report available for review. Long term treatment is not supported by the guidelines. Additionally, this medication was recommended for weaning to cessation in a prior review. The request for Ambien tab 10mg #30 is not medically necessary.

