

<b>Case Number:</b>	CM15-0193212		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on March 24, 2014. He reported injuries to his right ankle, right leg, low back and wrist. The injured worker was diagnosed as having lumbar or lumbosacral disc degeneration, lumbosacral spondylosis and sciatica. Treatment to date has included diagnostic studies, medication and injections. On June 1, 2015, the injured worker was provided with a prescription of Ambien to help him sleep at night. On August 12, 2015, the injured worker complained of global numbness of bilateral legs, global weakness and back pain. He was noted to demonstrate elevated pain response. The injured worker specifically requested narcotic medications. He was noted to have reached maximum medical recovery. Notes stated that future medical care should include rhizotomy procedures. On September 8, 2015, utilization review modified a request for Zolpidem 10mg #45 to Zolpidem 10mg #25.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information and Approach to the adult with insomnia.

**Decision rationale:** The MTUS is silent regarding the use of ambien for chronic insomnia. The FDA has approved the use of ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term. In this case the documentation shows that the patient has been using ambien for longer than the recommended amount of time. The continued use is not medically necessary.