

<b>Case Number:</b>	CM15-0194178		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 female who sustained an industrial injury on 03-08-2010. A review of the medical records indicated that the injured worker is undergoing treatment for Reflex Sympathetic Dystrophy Syndrome (RSD) of the right upper extremity, carpal tunnel syndrome, insomnia and depression. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience pain and spasticity in her bilateral shoulders, arms, elbows and hands rated as 6-7 out of 10 with medications and without medications 6-9 out of 10 on the pain scale. Evaluation noted right arm in a splint and held close to her torso. According to the to sleep and activity assessment, the injured worker has difficulty falling asleep, taking approximately 1-2 hours to go to sleep with sleep medication and awakens on an average of 3 times a night. The injured worker does not nap during the day or watch TV prior to sleep. The injured worker uses a cane or walker for ambulation and is resting or reclined 50%-75% of the waking day and does not get out of bed on a daily basis. The injured worker had taken Lunesta from approximately 10-2104 through 07-2015 for insomnia. There was no discussion of light exercising, outdoor walking or activity interests noted. Prior treatments have included diagnostic testing, sympathetic blocks and medications. Current medications were listed as Norco 5-325mg, MsContin 15mg CR, Cymbalta, Gabapentin and Ambien. Treatment plan consists of continuing medications and the current request for Ambien 10mg #20. On 09-23-2015 the Utilization Review determined the request for Ambien 10mg #20 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #20:** 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, 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) 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. 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 was previously prescribed Lunesta before being prescribed Ambien. She continues to complain of sleep difficulties despite the previous use of Ambien, therefore, the request for Ambien 10mg #20 is not medically necessary.