

<b>Case Number:</b>	CM15-0194849		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/09/2015
<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: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 11-17-2011. The medical records indicate that the injured worker is undergoing treatment for status post anterior cervical decompression and fusion (2011), degenerative disc disease C4-5, cervical myelopathy, chronic C5 radiculopathy, degenerative disc disease L4-5 and L5-S1, spondylosis L3-4, L4-5, and L5-S1, facet arthropathy L3-4, L4-5, lumbar myelopathy, chronic L4 radiculopathy, and L5-S1, and degenerative scoliosis. According to the progress report dated 9-1-2015, the injured worker presented with complaints of pain in his neck and across both shoulders as well as in the right arm extending from the elbow to the fingers. In addition, he reports burning pain in both legs from the upper thigh to the feet. He reports difficulty sleeping at night secondary to pain. On a subjective pain scale, he rates his current pain 5 out of 10. The physical examination reveals restricted and painful range of motion of the cervical spine. There are sensory changes in the C5 and L4 nerve distribution noted. The current medications are Omeprazole, Ambien (since at least 3-23-2015), Norco, Ibuprofen, and Neurontin. The treating physician states that Ambien improves his ability to gain restful sleep. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, cervical collar, physical therapy, home exercise program, and surgical intervention. The original utilization review (9-9-2015) had non-certified a request for Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 3 refills: 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), 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) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

**Decision rationale:** MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2011 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg #30 with 3 refills is not medically necessary and appropriate.