

<b>Case Number:</b>	CM15-0195724		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 year old male, who sustained an industrial injury on May 3, 2006, incurring neck and low back injuries. He was diagnosed with cervical radiculopathy, lumbar facet arthropathy, and lumbar radiculitis. Treatment included anti-inflammatory drugs sleep aides, and epidural steroid injections providing pain relief for up to six months, and activity restrictions. Currently, the injured worker complained of persistent neck pain radiating into the right upper extremity with numbness down into the hand. He noted frequent muscle spasms in the neck area aggregated by activity, repetitive head motions and walking. He complained also of low back pain radiating into the right lower extremity with numbness and tingling into the toes aggravated by activity and walking. He noted insomnia secondary to chronic ongoing pain. He rated his pain 5 on a pain scale from 1 to 10 without medications. The injured worker noted limited range of motion and tenderness of the lumbar and cervical spine. On March 3, 2014, the Insomnia Severity Index was administered to the injured worker as a screening tool to quantify insomnia severity. He had a total score of 15 showing moderate severity clinical insomnia. The treatment plan that was requested for authorization on September 29, 2015, included a prescription for Ambien 10 mg quantity #60. On September 13, 2015, the request for Ambien was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 MG Qty 60:** 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 (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. The medical documentation provided indicates this patient has been on Ambien in excess of guideline recommendations. As such, the request for Ambien 10 MG Qty 60 is not medically necessary at this time.