

<b>Case Number:</b>	CM15-0196602		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 11-3-08. The injured worker has persistent symptoms of depression, anxiety and stress-related medical complaints. The documentation on 6-9-15 noted there was the administration of the Insomnia Severity Index (ISI), which measures the severity of self-reported insomnia, which the test consists of rating descriptive statements of the injured workers current sleep patterns, which are endorsed on a 5-point scale. In this case, the total score was documented as 24 that indicated moderate insomnia according the ISI scoring criteria's. The documentation noted that with the reduction of depression the injured workers sleep disturbance has improved with better sleep and fewer nightmares, having improvement in ability to concentrate to follow a television drama or the plot of a movie and feeling less tired during the day. The diagnoses have included major depressive disorder, single episode, unspecified and generalized anxiety disorder. Treatment to date has included psychological evaluation and treatment and cognitive behavioral therapy. The original utilization review (9-8-15) non-certified the request for ambien 5 mg quantity 60 with 2 refills, 1-2 tabs every night.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg Qty 60 with 2 refills, 1-2 tabs every night:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [[www.drugs.com/pro/ambien.html](http://www.drugs.com/pro/ambien.html)]; Official Disability Guidelines: Mental Illness & Stress - 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in November 2008 and is being treated for stress-related pain, major depressive disorder, and anxiety. She has self-reported testing showing findings of moderate insomnia. When seen, she appeared anxious and disturbed. She was receiving psychotherapy treatments, which were helping her to cope. Physical examination findings have included a body mass index over 27. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not medically necessary.