

<b>Case Number:</b>	CM15-0199854		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/11/2002
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 65 year old male, who sustained an industrial injury on 5-11-2002. Diagnoses include cervical disc disorder with myelopathy, and lumbar disc disorder with myelopathy, status post cervical fusions and status post bilateral carpal tunnel release. Treatments to date include medication therapy. The medical records indicated he has been complaining of ongoing pain in the neck and pain. Medical progress notes dated 6-6-15, 8-11-15, and 8-21-15 were reviewed. These records included subjective complaints of ongoing pain and cervical and lumbar muscle spasms and objective musculature findings. The provider documented Norco had been prescribed for years, and the Provigil, Ambien, and Testosterone have not been approved for months. The records did not document complaints of difficulty sleeping or the use and effectiveness of Ambien. The appeal requested authorization for Ambien 5mg #30 with three refills. The Utilization Review dated 10-1-15, modified the request to allow Ambien 5mg, one month to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #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, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: treatment of insomnia and drug information  
- Zolpidem.

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien. The request is not medically necessary.