

<b>Case Number:</b>	CM15-0200174		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<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: 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:

This is a 56 year old female who sustained an industrial injury on 9-17-2007. A review of the medical records indicates that the injured worker is undergoing treatment for L5-S1 unstable spondylolisthesis, lumbar facet syndrome and reactive depression. According to the progress report dated 9-10-2015, the injured worker complained of low back and bilateral lower extremity pain. She continued to have paresthesias in her lower extremities. Ambien was noted to significantly help with sleep. The physical exam (9-10-2015) revealed the injured worker to be in mild distress. There was full strength in the lower extremities. Treatment has included a home exercise program and medications. Current medications (9-10-2015) included Pantoprazole, Elavil, Ambien (since at least 12-2014), Terocin patches, Tramadol and Gabapentin. The physician noted that Ambien decreased sleep latency, improved sleep quality and decreased next day somnolence. The request for authorization was dated 9-10-2015. The original Utilization Review (UR) (9-18-2015) denied 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter.

**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. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, this medication is recommended for short term use only and the injured worker has been prescribed Ambien since at least 12-2014, therefore, the request for Ambien 10mg #30 is determined to not be medically necessary.