

<b>Case Number:</b>	CM15-0200451		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/06/2001
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 75 year old female with a date of injury on 4-6-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, mid back pain and chronic pain syndrome with idiopathic insomnia. According to the medical records on 4-30-15 she was taking Lunesta. Progress report dated 8-17-15 reports neck and mid back pain sharp, stabbing, stiff, weakness with numbness and paresthesia and generalized discomfort. Objective findings: reduced range of motion of the cervical and thoracic spine in all planes, reduced sensation and strength of the bilateral C6 spinal nerve roots, tender and painful cervical and thoracic para-spinal muscular spasm. Sleep disturbance was not mentioned and no sleep studies found within the medical records given. Request for authorization was made for Ambien CR 12.5 mg quantity 30. Utilization review dated 10/05/2015 modified the request to certify Ambien 12.5 mg quantity 15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #30:** 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, 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, Insomnia treatment.

**Decision rationale:** The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep onset, sleep maintenance, sleep quality, and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with Ambien and it has been used for more than 35 days. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld, not medically necessary.