

<b>Case Number:</b>	CM15-0205356		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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:

This 58 year old man sustained an industrial injury on 7-7-2011. Diagnoses include medial meniscal tear of the left knee, cervical spine radiculopathy, lumbar spine disc degeneration, lumbar facet arthropathy, cervicothoracic stenosis, cervical disc degeneration, rule out cervical pseudoarthrosis, and cervical spondylolisthesis. Treatment has included oral medications and surgical intervention. Physician notes dated 9-16-2015 show complaints of neck pain with increasing complaints of headaches, low back pain, and left knee pain with increasing complaints of the left knee "giving out". The worker rates his pain 7-8 out of 10 without medications and 5-6 out of 10 with medications. The physical examination shows loss of cervical lordosis, tenderness to palpation of the facet of the cervical spine and trapezius. Tenderness to palpation is noted to the lumbar facets and an antalgic gait. Recommendations include start Ambien, refill Norco, physical therapy, and follow up in four to six weeks. Utilization Review denied a request for Ambien on 10-12-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien tab 10 mg po qhs:** 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), 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 sustained a work injury in July 2011 when involved in a head-on motor vehicle accident. He underwent a multilevel anterior cervical decompression and fusion in October 2013. When seen, he was having neck, low back, and left knee pain rated at 5-8/10. Restoril had been prescribed on a long-term basis. He was having difficulty sleeping due to pain. Physical examination findings included localized cervical pain with loss of the cervical lordosis. There was facet tenderness and he had relief of symptoms with cervical distraction testing. There was lumbar facet tenderness. Ambien was prescribed. 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. However, 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. In this case, the claimant reports difficulty sleeping due to pain. Further evaluation and treatment of the claimant's night time pain would be indicated to directly treat his sleep disturbance. The request for Ambien is not medically necessary.