MAXIMUS Federal Services

| Case Number: | CM15-0028927 | | |
|---|---|---|---|
| Date Assigned: | 02/20/2015 | Date of Injury: | 06/13/1997 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

## 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 70 year old female sustained an industrial injury on 6/13/97, with subsequent ongoing back, hip and pelvic pain. Magnetic resonance imaging lumbar spine (8/24/14) showed degenerative changes in the lumbar spine with severe dextroscoliosis of the thoracolumbar spine and neural foraminal narrowing. In a PR-2 dated 8/4/14, the injured worker complained of increasing pain 5-10/10 on the visual analog scale associated with poor sleep and limited range of motion to arms due to pain. The injured worker reported requiring more assistance with activities of daily living. Physical exam was remarkable for antalgic gait, diminished lower extremity strength, tenderness to palpation to the spine and limited range of motion to the spine and lower extremities. Current diagnoses included lumbago, degenerative disc disease and pelvic joint pain. The treatment plan included included continuing medications (Methadone, Skelaxin, Cymbalta and Mobic) and magnetic resonance imaging lumbar spine. On 1/26/15, Utilization Review noncertified a request for Zolpidem (Ambien) 10mg, #30, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem (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 Chronic Pain Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia Treatments

**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, sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days.There is no other insomnia described other than that related to pain and the response to treatment with Ambien is not documented. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld.