

<b>Case Number:</b>	CM15-0218399		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	10/14/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: 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:

The injured worker is a 71 year old female with a date of injury on 10-14-2004. The injured worker is undergoing treatment for right lower extremity CRPS and left knee degenerative joint disease, and depression. A physician note dated 10-14-2015 documents the injured worker is in a lot of pain in her right knee that she describes as constant. She has low back pain that goes to her foot. She has difficulty sleeping at night and she is severely depressed. Ambien at night is recommended to at least get restorative night sleep. This sleep impairment is an essential part of her depression. She rarely gets out of her house. Tramadol helps somewhat with her pain. She takes Cymbalta but she does not feel any effects yet. She does not smile and she cries several times through the interview and examination. She uses a cane. Lumbar spine range of motion is restricted. Her right knee is slightly swollen, extension is full and flexion is no more than 90 degrees. The left knee has full range of motion and tenderness in the medial joint line with moderate retro patellar crepitation on flexion and extension. Treatment to date has included diagnostic studies, medications, and cognitive behavioral therapy. The Request for Authorization dated 10-14-2015 includes Ambien 10mg #120, and Trazodone 50mg #30 with 3 refills. On 10-28-2015 Utilization Review non-certified the request for Ambien 10mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #120:** 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), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; in UpToDate.com.

**Decision rationale:** This 71 year old patient receives treatment for CRPS of the R lower extremity, degenerative arthritis of the L knee, and major depression. The patient reports continuing problems with R knee pain, low back pain, and depressed and anxious mood. This relates back to an industrial claim dated 10/14/2004. On exam, the patient walks with a cane. There is decreased ROM of the lower back. The reflexes are sluggish and motor exam is intact. SLR is normal and light touch exam is normal. There is tenderness at the R SI notch. The R knee has swelling and reduced flexion on exam. The patient has received CBT treatment, Cymbalta, trazodone, and tramadol. This review addresses a request for refills of Ambien 10 mg #120 for sleep. This patient receives treatment for both major depression and insomnia. The documentation show that the patient's depression may not be adequately controlled, although there is no Insomnia often accompanies major depression. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia, and can produce side effects such as hallucinations, and lead to dependence and drug tolerance. Addressing sleep hygiene does lead to improvement in restorative sleep. In addition, this patient has obesity and may have OSA, obstructive sleep apnea, for which there is no documentation. Ambien is medically approved for use in the treatment of insomnia for limited time; however, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. In addition, the treating physician has not stated the daily dose nor the monthly amount for this medication. If the dose is 2 10 mg tabs nightly, this is above the FDA recommended dose. Ambien is not medically indicated.