

<b>Case Number:</b>	CM15-0221641		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 9-7-1999. The medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome of the right foot, peripheral neuralgia, status post amputation of the right second toe, and recent right meniscus tear, status post arthroscopy. According to the progress report dated 8-24-2015, the injured worker presented with complaints sleep disturbance. He reports sleeping four hours per night with twenty awakenings. He notes trouble falling asleep and wakes up in pain. He uses a TENS unit throughout the night, stating that it helps him to sleep. The physical examination did not reveal any significant findings. The current medications are Percocet, Oxycodone, and Ambien (since at least 1-13-2015). Treatments to date include medication management, acupuncture, and TENS unit. Work status is not indicated. The original utilization review (11-3-2015) had non-certified a request for Ambien 10mg #20 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, #20 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 has a remote history of a work injury in September 1999 when he sustained a right second toe amputation when a jackhammer was dropped onto his foot. He continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. He has had two lumbar sympathetic blocks, only with benefit from the first one. A functional restoration program is being considered. He has difficulty maintaining sleep and wakes up repeated during the night in pain. He uses TENS which helps. When seen, medications had worked well until recently. Physical examination findings included appearing moderately anxious. There was an antalgic gait. He was wearing a right knee brace. There was allodynia and marked right second metatarsal head tenderness. Percocet, oxycodone, and Ambien were continued. The total MED (morphine equivalent dose) was nearly 160 mg per day. 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. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to pain with frequent awakenings. Further treatment of his night time pain would be the preferred management. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and cardiac and pulmonary conditions, if present, should also be identified and could be treated directly. The requested Ambien is not medically necessary.