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| <b>Case Number:</b>   | CM15-0035398 |                              |            |
| <b>Date Assigned:</b> | 03/03/2015   | <b>Date of Injury:</b>       | 07/19/1996 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 57-year-old female reported a work-related injury on 07/19/1996. According to the progress notes dated 1/27/15, the injured worker (IW) reports increasing lower back and leg pain associated with numbness, tingling and swelling. She also reports weight gain; the PR2 dated 9/16/14 states weight in March 2014 was 279 lbs. and 311 lbs on that date of service. The IW was diagnosed with chronic pain, right shoulder tendinitis, herniated lumbar disc with radiculitis, cervical strain with radiculitis and lumbar radiculopathy. Previous treatments include medications, epidural steroid injections, physical therapy, acupuncture, chiropractic care. The treating provider requests Ambien 10mg, #30 and [REDACTED] Program. The Utilization Review on 02/17/2015 non-certified the request for Ambien 10mg, #30 and [REDACTED] Program. References cited include CA MTUS Chronic Pain Medical Treatment Guidelines and <http://www.ncbi.nlm.nih.gov/pummed/15630109>, "Systematic review: An evaluation of major commercial weight loss programs in the United States".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg; one at bedtime, #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 chapter, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg; one at bedtime, #30 is not medically necessary.

█ **weight loss:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed: 03/21/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. This policy is supported by NHLBI Guidelines on Diagnosis and Management of Obesity. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. █ Program is not medically necessary.