

<b>Case Number:</b>	CM15-0231457		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	12/18/2007
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 57 year old male, who sustained an industrial injury on 12-18-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for headaches, cervical strain, and thoracic strain, lumbar radiculopathy, left shoulder strain, bilateral carpal tunnel syndrome, depression, and anxiety. Medical records (05-22-2015 to 10-12-2015) indicate ongoing headaches, neck pain, low back pain, left shoulder pain, and bilateral wrist pain. The clinical notes indicate improvement in sleep and depression, and that the IW is spending less time in bed and going out more. Records also indicate difficulty getting to sleep, sleeping through the night, getting restful sleep and feeling refreshed after sleep. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-12-2015, revealed depressed facial expressions, visible anxiety, and emotional withdrawal. Relevant treatments have included: physical therapy (PT), acupuncture, chiropractic treatments, electrical stimulation, work restrictions, and medications (Lunesta for several months). The medical records show that a different physician than the physician who prescribed Ambien is prescribing Lunesta to the IW. The request for authorization (10-12-2015) shows that the following medication was requested: Ambien 10mg #30 with 2 refills. The original utilization review (10-27-2015) non-certified the request for Ambien 10mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien tab 10mg #30 1 every night at bedtime as needed for sleep with 2 refills:** 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, 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) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, and Insomnia treatment (3) Chronic Pain, Zolpidem.

**Decision rationale:** The claimant sustained a work injury in December 2007 when, while working as a truck driver, he was involved in head on motor vehicle collision. There was loss of consciousness and, when he awakened, he had neck pain and a severe headache, back pain, and left hand pain. Treatments included physical therapy, medications, and a series of epidural injections. Treatments included physical therapy, medications, and a series of epidural injections. He continues to be treated for neck and low back pain, left shoulder pain, and bilateral wrist pain. A cervical spine fusion is being recommended. He has diabetes and sustained a heart attack in July 2015. He uses medicinal marijuana on a daily basis for pain relief. He is also being treated for secondary depression, anxiety, and stress-related medical conditions. When seen in October 2015 he had complaints consistent with ongoing depression, anxiety, and PTSD. Physical examination findings included appearing depressed, anxious, and emotionally withdrawn. The claimant's body mass index is 36. Medications included sertraline, Ambien, Seroquel, and Clonazepam. 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 nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly as well as further treatment of the claimant's depression and anxiety. The requested Ambien is not considered medically necessary.