MAXIMUS Federal Services

| Case Number: | CM14-0119540 | | |
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| Date Assigned: | 09/16/2014 | Date of Injury: | 07/13/2001 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 07/03/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 53-year-old male who sustained an injury on 7/13/01. He complained of bilateral mid and low back pain radiating into the bilateral anterolateral thighs, rated as 7/10. He also complained of headaches, right shoulder pain, social isolation and being home bound. Exam showed restricted lumbar and right sacroiliac joint ROM with pain in all directions; lumbar extension was worse than flexion. There was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-S1 facet joints. Current medications include aspirin, fentanyl patch, Soma, Percocet, clobetasol cream, venlafaxine, Lisinopril/HCTZ, aspirin, bisacodyl, gabapentin, Fortesta, Ambien CR, Prozac, migraine medication and Medical THC. He underwent back surgery in 2002. Ambien helps improve his sleep. Diagnoses include lumbar post laminectomy syndrome, disc protrusion at L5 measuring 5 mm that impinges the S1 nerve root, right sacroiliac joint pain at the sacroiliac joint as diagnosed and confirmed by positive diagnostic fluoroscopically-guided right sacroiliac joint injection, right lumbar facet joint pain at L4-5 and L5-S1, left lumbar facet joint pain at L4-5 and L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided right L4-5 and right L5-S1 facet joint medial branch blocks, hypertrophy at bilateral L4-5 and bilateral L5-S1 facet joints, lumbar facet joint arthropathy, central disc protrusion at L2-S1 measuring 2 mm, central disc protrusion at L1-2 measuring 1 mm, lumbar stenosis, and lumbar sprain/strain and also major depressive disorder; and psychological factors affecting an orthopedic condition. The request for Ambien 10 mg tablets #30 was modified on 7/1/14 to Ambien 10mg tablets #15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tablets #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

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

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In this case, there is no documentation of a detailed assessment of insomnia. Moreover, proper sleep hygiene has not been addressed. In the absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary according to the guidelines.