

<b>Case Number:</b>	CM14-0129524		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 72 year old man with a reported date of injury on 06/28/2000. The mechanism of injury was a skill saw injury to the left wrist. The injured worker's diagnoses included degenerative cervical intervertebral discs, cervical spinal stenosis, and degenerative lumbosacral intervertebral discs. The injured worker's past treatment included a psychiatric evaluation on 02/11/2011, medications, physical therapy and a home exercise program. The injured worker's previous diagnostics included an MRI of the left shoulder and cervical spine on 02/28/2008, an x-ray of the lumbar spine in 2012, and an MRI of the lumbar spine in 03/12/2013. The injured worker's surgical history included left arm reconstructive surgery x 3. On 07/07/2011, Ambien was listed in current medications and the injured worker reported he was sleeping better. Ambien 10 mg once daily at bedtime was listed as a current medication. On 02/07/2014, Ambien was listed in the injured worker's medication regimen. The injured worker reported he was able to sleep better throughout the night. Zolpidem 10 mg was listed within the current medications on 07/18/2014 and the injured worker reported he was able to sleep through the night. The injured worker's medications included Ambien 10 mg once daily at bedtime, Percocet 10/325 mg every 4 hours as needed pain, and Neurontin 100 mg 2-3 every 8 hours as directed. The request was for Ambien 10mg #30 for reflex sympathetic dystrophy of the upper limb and phlebitis and thrombophlebitis of unspecified site. The request for authorization was submitted on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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, Treatment Index, 12th Edition (Web), 2014, Pain, Insomnia Treatment.

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

**Decision rationale:** The request for Ambien 10mg #30 is not medically necessary. The injured worker has been taking Ambien 10 mg once daily at bedtime at least since 07/07/2011. The Official Disabilities Guidelines recommend Ambien (Zolpidem) for the short-term (usually two to six weeks) treatment of insomnia. There is concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. The documentation provided does not indicate a diagnosis of insomnia nor was there evidence of cognitive behavior therapy regarding sleep habits. The injured worker has been using Ambien for more than three years at minimum which well exceeds the recommended 2 to 6 weeks. It was documented that the injured worker sleeps well with the use of pain medications and Ambien but no quantified, objective information specifically regarding the Ambien was provided. Additionally, the request did not include a frequency of dosing. Therefore, the request for Ambien 10mg #30 is not medically necessary.