

<b>Case Number:</b>	CM14-0138878		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/21/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

According to the records made available for review, this is a 52-year-old female with a 1/21/12 date of injury. At the time (7/30/14) of the Decision for Lisinopril HCL 20/25 QD #30 and Ambien 10 QD #30, there is documentation of subjective (neck/back pain and unable to sleep) and objective (decreased lumbar range of motion) findings, current diagnoses (hypertension, cervical/lumbar strain, and insomnia), and treatment to date (medications (including ongoing treatment with Vicodin, Naproxen, Flexeril, and Ambien since at least 4/10/14)). Regarding Lisinopril HCL 20/25 QD #30, there is no documentation of lifestyle (diet and exercise) modification. Regarding Ambien 10 QD #30, there is no documentation of an intention for short-term (less than six weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lisinopril HCL 20/25 QD #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 Diabetes, Hypertension treatment

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

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of hypertension after lifestyle (diet and exercise) modification, as criteria necessary to support the medical necessity of Lisinopril. Within the medical information available for review, there is documentation of diagnoses of hypertension, cervical/lumbar strain, and insomnia. However, there is no documentation of lifestyle (diet and exercise) modification. Therefore, based on guidelines and a review of the evidence, the request for Lisinopril HCL 20/25 QD #30 is not medically necessary.

**Ambien 10 QD #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), Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of hypertension, cervical/lumbar strain, and insomnia. In addition, there is documentation of ongoing treatment with Ambien. However, given documentation of records reflecting prescriptions for Ambien since at least 4/10/14, there is no documentation of an intention for short-term (less than six weeks) treatment. Furthermore, given documentation of ongoing treatment with Ambien, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 QD #30 is not medically necessary.