

<b>Case Number:</b>	CM14-0154532		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/17/1996
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & 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 female who sustained an injury on 04/17/96. On 09/15/14, she complained of upper extremity symptoms and migraines. She stated Ambien helped to improve her sleep by four hours. She noted that without Ambien she could not sleep at all. She noted with Ambien her sleep was improved and the migraines were significantly lessened. She noted the medications helped decrease her pain by 40-50% and increase her function. She denied any side effects with the medications. She rated her pain at 10/10 without medications and 7/10 with medications. She noted that her worst complaint was in the hands and forearm. She noted bilateral numbness, tingling; and pain extending to the hands. On exam, there was limited ROM of wrists bilaterally, hypersensitivity to skin overlying forearms bilaterally, allodynia and hyperesthesia in upper extremities. Decreased grip strength bilaterally. She has had a bilateral thoracic outlet surgery, two surgeries on the right upper extremity and one surgery on the left upper extremity. Her UDS dated 01/14/14 was positive for opiate and methadone. Her current medications include metoprolol tartrate, vitamin D2, loratadine, ProAir HFA, Advair HFA, Xanax, Nucynta, Nucynta ER, Ambien CR, and Claritin. She had failed treatments including physical therapy, NSAIDs, pain medications, sympathetic block and neuropathic medications. Diagnoses include neuralgia, carpal tunnel syndrome, radiculopathy-cervical spine, chronic pain syndrome, insomnia, chronic migraine without aura, opioid dependence, and hypertension. The request for Ambien 12.5 mg 1 tab at bedtime orally as needed, #30 was denied on 08/30/14 in accordance with medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 12.5mg 1 tab at bedtime orally as needed, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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. Non-pharmacologic treatment: Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Treatments that are thought to probably be efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Suggestions for improved sleep hygiene: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. In this case, there is no documentation of a detailed evaluation of insomnia and trial of non-pharmacologic treatments as stated above. As such, the request is not medically necessary according to the guidelines.