

<b>Case Number:</b>	CM14-0167968		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 62 year old employee with date of injury 9-7-07. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, degenerative disc disease, status post (S/P) fusion and laminectomy, S/P partial hip replacement, pain in limb, and insomnia. Subjective complaints include constant low back pain 8/10, shooting and cramping. Pain sometimes radiates to left leg. Symptoms worsen with sudden movements, exertion, walking, standing, and sitting for more than 15 minutes. Pain in the right leg was sharp and constant, rated 8/10. She has insomnia due to the pain in low back. Left hip pain is constant 6/10 and is aching, sharp, throbbing, stabbing. Objective findings include a lower extremity exam revealing decreased range of motion of bilateral knee and hip. She ambulates with a walker. Hip flexion is 4/5 bilaterally; knee extension is 3/5 bilaterally. Noted to have paraspinal tenderness and decreased range of motion in lumbar spine. Healing surgical scar also noted on exam of lumbar spine. Treatment has consisted of Physical Therapy, lumbar fusion and laminectomy, partial hip replacement, lidocaine patch to be used topically, and wound care for right leg cellulitis. Medications include OxyContin, Norco, and Zanaflex. The utilization review determination was rendered on 9-26-14 recommending non-certification of Ambien 10mg, #30.

### 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 in Workers Compensation, Pain

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

**Decision rationale:** The CA MTUS is silent regarding this topic. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as July 2013. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (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." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg #30 is not medically necessary at this time.