

<b>Case Number:</b>	CM14-0207861		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, has a subspecialty in Interventional spine, 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 patient is a 40-year-old male with an injury date of 06/05/2013. Based on the 10/30/2014 progress report, the patient has depression. "He is feeling sad most of the time that he cannot do anything. He does not shower for two or three days at a time. His appetite is very variable and he has gained about 5 pounds. His sleep is decreased. He wakes up every hour because of the pain. He does not enjoy anything because he cannot do anything physically. He has feelings of hopelessness on whether this thing is going to continue all his life. He has low energy and concentration." The 11/10/2014 report indicates that the patient has lumbar spine pain and tenderness in the right buttock. Flexion of the lumbosacral spine causes pain down the right leg to his lateral calf and extension causes severe pain in the lumbosacral area at the L4-L5 and L5-S1 level on the right side. A seated straight leg raise on the right is positive, causing discomfort down the leg. The 11/25/2014 report states that the patient "does not sleep well at all. He has early and late insomnia." The treater states, "I strongly recommend that his medications should be refilled; otherwise, he will not be able to sleep at all." The patient's diagnoses include the following: 1. Displaced lumbar intervertebral disk. The utilization review determination being challenged is dated 12/04/2014. Treatment reports were provided from 06/04/2014-12/03/2014.

### 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 Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, zolpidem (Ambien); insomnia treatment.

**Decision rationale:** The patient presents with lumbar spine pain, tenderness on the right buttock, and problems sleeping. The request is for Ambien 10 mg #30. The patient has been taking Ambien as early as 10/30/2014. MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG Guidelines, mental illness and stress chapter, Zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and /or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the treater states that, "His sleep is decreased. He wakes up every hour because of the pain." The patient has been taking Ambien since 10/30/2014, which is indicated to be on a long-term basis and is not recommended by ODG Guidelines. ODG Guidelines support use of Ambien for 7-10 days for insomnia. Therefore, the requested Ambien is not medically necessary.