

<b>Case Number:</b>	CM14-0212585		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of March 20, 2012. A utilization review determination dated December 9, 2014 recommends noncertification of Ambien. Noncertification is recommended due to lack of documentation of failure of nonpharmacologic methods of sleep hygiene and lack of guideline support for the use of sleep medication on a chronic basis. A progress report dated September 25, 2014 identifies subjective complaints of intense pain in the right ear and poor quality of sleep. Current medications include Norco and gabapentin. Diagnosis is hearing loss. The treatment plan states that the patient has had difficulty sleeping related to his pain. Additionally, the patient has contemplated suicide due to being unable to obtain his Norco. Norco and gabapentin are recommended. A progress report dated October 23, 2014 states that nortriptyline may be considered in the future. A report dated November 20, 2014 recommends a prescription of Ambien 10 mg QHS PRN for insomnia #15. A psychology note dated November 3, 2014 states that the patient has had difficulty getting to and staying asleep since his injury and reports between 0 and 6 hours of sleep per night. The Epworth Sleepiness Scale score is 7, "which falls in the average range, indicating he may need some assistance with sleep hygiene." The treatment recommendation includes consideration for an SSRI antidepressant that also has sedating properties to assist him with sleep hygiene. Relaxation techniques and anxiety reduction techniques are also recommended. Additionally, recommendations include "improved sleep utilizing nonpharmacologic techniques including basic sleep hygiene."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg 1 po QHS prn #15:** 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)

**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, Sleep Medication, Insomnia treatment

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no discussion regarding what behavioral treatments have been attempted prior to the introduction of pharmacologic sleep aids. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.