

<b>Case Number:</b>	CM14-0216328		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male sustained work related industrial injuries on June 15, 2010. The mechanism of injury involved heavy lifting of boxes. The injured worker subsequently complained of lower back pain. The injured worker was diagnosed and treated for lumbar/lumbosacral degenerative disc disease. According to the qualified medical examiner report, on August 24, 2011, the injured worker underwent a lumbar laminectomy, discectomy, and fusion at L5-S1 with pedicle screw fixation. According to provider notes, the injured worker continues to complain of ongoing back pain and bilateral radicular symptoms, worse on the right than the left. Treatment consisted of diagnostic studies, prescribed medications, urine drug screens, psychiatric consultation and periodic follow up visits. Per treating provider report dated October 21, 2014, the injured worker complained of back pain radiating down his right leg. His pain was rated at a 9/10. He reported 50% reduction in pain, 50% functional improvement with activities of daily living with the medications. Physical exam revealed forward flexed antalgic posture. Bilateral straight leg raises were both 80 degrees causing right sided back pain radiating to the right buttock and posterior thigh. There was sensory loss noted along the right lateral calf and bottom of foot to light touch and pinprick. Deep tendon reflexes were +1 at the knees and ankles. Toe exam revealed downward plantar reflex bilaterally. Per report dated December 16, 2014, provider noted that the medication keeps the injured worker functional. Documentation noted that the injured worker remains under a narcotic contract and that the urine drug screens have been appropriate. As of December 16, 2014, the injured worker remains on Social Security disability and is out of work. The treating physician prescribed services for Ambien 10 mg #30

for insomnia secondary to pain now under review. On December 3, 2014, the Utilization Review (UR) evaluated the prescription for Ambien 10 mg #30 requested on November 24, 2014. Upon review of the clinical information, UR non-certified the request for Ambien 10 mg #30, noting the non-recommendation of long term use of sleep aid, according to the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### **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 (ODG) Zolpidem (Ambien)

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

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had been given Ambien for a month supply. Behavioral approaches to helping with sleep were not addressed. The Zolpidem (Ambien) as prescribed is not medically necessary.