

<b>Case Number:</b>	CM14-0217574		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/06/1994
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 57 year old female sustained an injury on January 6, 1994. The mechanism of injury was not included in the provided medical records. Past treatment included surgery for fusion of L4-5 and L5-S1, serial epidural steroid injections, oral pain, topical pain and sleep medications. On December 15, 2014, the treating physician noted pain of the hip, leg, and lower back. Associated symptoms included numbness of the left buttock and lateral thigh. The pain was shooting into the left calf due to over activity the prior day. The treating physician noted a transforaminal epidural steroid injection June 25, 2014 initially provided 80% in left lower extremity pain over two months. The injured worker had increased functional ability, was able to walk and travel, and decrease her pain medication. The pain was gradually returning. The injured worker had a left L5-S1 transforaminal epidural steroid injection on September 11, 2014 that initially provided 100% relief in the left lower extremity. The relief was 50% 6 weeks later. The physical exam revealed ability to rise from a seated position without difficulty, non-antalgic gait, and ambulates without assistance. Diagnoses were posterior lumbar laminectomy and lumbar or thoracic radiculopathy. The treatment plan included continuing her current oral and topical pain medications. The treatment plan for the current sleep medication was for 30 tablets for December and 15 tablets for January. The current work status was not included in the provided medical records. On December 22, 2014, Utilization Review non-certified a prescription for Ambien 10mg #30 with 1 refill requested on December 14, 2014. The Ambien was non-certified based on further functional impairment, increased pain levels and levels of depression may result from the use of Ambien for longer than 2-6 weeks, which would be counterproductive in the current

clinical setting. Based on the date of injury, use does not fall within the recommended 2-6 weeks. There was lack of documentation of failure of behavioral interventions including following sleep hygiene techniques. The UR previously recommended weaning the Ambien down by 15 tablets per month, and should be down to #15 remaining for December. Due to the nature of the drug, weaning is recommended. The Official Disability Guidelines (ODG) , Stress & Mental Illness Chapter was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg #30 with 1 Refill:** 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), Stress & Mental Illness Chapter, Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008;4(5):487-504

**Decision rationale:** Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia, defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and results in some form of daytime impairment, is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications to be short-term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. This patient has been taking zolpidem for longer than 6 weeks and is still experiencing sleep difficulties. A full evaluation for the etiology for her chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.