

<b>Case Number:</b>	CM15-0100055		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 1/24/08. The diagnoses have included lumbar Herniated Nucleus Pulposus (HNP), cervical spinal stenosis, and sprain of the thoracic region, sprain of neck and sprain of lumbar region. Treatment to date has included medications, diagnostics, activity modifications, orthopedic consultation, psychiatric, epidural steroid injection (ESI), diagnostics, 18 sessions of physical therapy and Transcutaneous electrical nerve stimulation (TENS). Currently, as per the physician progress note dated 4/29/15, the injured worker complains of back pain, neck pain, and hip and shoulder pain and is due for her medication re-fill. She currently reports bilateral thoracic pain that radiates to the bilateral trapezii with intermittent muscle spasms and nausea associated with the pain. She complains of left shoulder pain, headache in the bilateral cervical region, low back pain in both buttocks and she states that she is sleeping poorly. She rates the pain 8/10 on pain scale with medications and 9/10 without medications in the mid back, neck and right shoulder. She states that the pain stops her from performing her activities of daily living (ADL) for long periods of time. The physical exam reveals limited range of motion in the neck, positive compression sign bilaterally, trigger areas are painful bilaterally, and spasm is noted. There is cervical and thoracic tenderness to palpation, thoracic spasm is noted, twitch response is noted on palpation of the thoracic muscles, and there is pain and crepitus in the right shoulder on end range of motion. There are palpable trigger points in the lumbar region, there is spasm in the lumbar region on the right, lumbar extension and flexion is painful. It is noted that her current

medication regimen of Norco and Morphine has provided 50 percent pain relief and she has gained good function. The current medications included Norco, Morphine, Ambien, and Motrin. There are no reports of urine drug tests noted in the records for review. The work status is permanent and stationary. The physician requested treatment included Zolpidem (Ambien) 5mg #8.

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

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

#### **Zolpidem (Ambien) 5mg #8: 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.

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

**Decision rationale:** The CA MTUS 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, it is unclear the length of time this patient has been on Ambien, but the date of injury is 2008. 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 everyday; (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 Zolpidem (Ambien) 5mg #8 is not medically necessary at this time.