

<b>Case Number:</b>	CM15-0109211		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 47-year-old female, who sustained an industrial injury on 7/25/12. She reported hip and back pain. The injured worker was diagnosed as having chronic low back pain, lumbar strain, possible lumbar degenerative disc disease, right shoulder impingement syndrome, situational depression and pain related insomnia. Treatments to date have included lumbar epidural injections and medication. PR2 of 10/09/14 indicated that she has pain related insomnia and has been taking Ambien since at least this time. She reports sleeping around 8-9 hours with Ambien, 4-5 hours without since at least 10/09/2014. PR2 of 04/08/2015 shows that the patient continues to sleep 8-9 hours with Ambien, 4-5 hours without, and she reports that she awakens around once per night on Ambien Pain is described as 8/10 without medications, 5/10 with medications. Norco was changed to Oxycodone at her last office visit due to lack of efficacy. Other medications include Flexeril and Ambien. Previously Wellbutrin had been requested and denied, as had Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, 1 tablet every night as needed, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Ambien. ODG, Mental Illness & Stress Insomnia treatment.

**Decision rationale:** Insomnia treatment should be based on etiology to determine whether it is primary or secondary insomnia. Ambien is recommended for short-term use (e. g. 7-10 days) only. There is no evidence that non-pharmacologic means of treating her insomnia were attempted such as sleep hygiene education, biofeedback, etc. There are other pharmacologic agents which can be used for longer periods of time, such as Rozarem or Trazodone. Trazodone is a sedating antidepressant often used in patients with both insomnia and depression, which can be used long term. This request is therefore NOT MEDICALLY NECESSARY.