

<b>Case Number:</b>	CM15-0111800		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/31/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male, who sustained an industrial injury on 10/31/2010. He reported a slip and fall onto his right knee with injury to the right knee and low back. Diagnoses include lumbosacral disc bulges, spondylosis and stenosis; status post lumbar fusion, and right knee contusion/sprain with possible occult internal derangement; status post knee surgery. Treatments to date include activity modification, physical therapy, and epidural steroid injections and facet blocks. Currently, he complained of severe low back pain rendering ambulation difficult. On 5/4/15, the physical examination documented obvious distress and discomfort observed demonstrated by a forward decompensate stance. There were trigger points and muscle spasms noted in the lumbar spine region. There was numbness in L5-S1 dermatomes noted in bilateral lower extremities. The treating diagnoses included post laminectomy pain syndrome, radiculitis with weakness, history of post-op wound infection, possible retained hardware syndrome, adjustment disorder with depression and sleep disorder. Trigger point injections were administered on this date. The plan of care included Ambien 10mg tablets, one tablet before bed daily, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 MG #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), Pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien ½), pages 877-878.

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10 MG #30 is not medically necessary and appropriate.