

<b>Case Number:</b>	CM15-0113696		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 11/3/08. She has reported initial complaints of harassment and mistreatment by her supervisor. The diagnoses have included major depressive disorder and psychological factors affecting medical condition. Treatment to date has included medications and psychiatric care. Currently, as per the physician progress narrative note on medication management dated 5/6/15, the injured worker presented for persistent symptoms of depression , anxiety and stress related medical complaints arising from industrial injury to her psyche and medication management. The current complaints are depression, difficulty getting to sleep, difficulty staying asleep, difficulty thinking and early morning awakening. She reports she goes out more, has fewer headaches, less pain, less yelling and is less depressed. She appears to be emotionally withdrawn and is soft spoken. The current medications included Sertraline, Buspar and Ambien. The physician requested treatment included Ambien 5 MG with 2 Refills for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 MG with 2 Refills:** Overturned

**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 and Mental Illness.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- insomnia and pg 64.

**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 is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The claimant had been seeing a psychiatrist who had been addressing the insomnia and behavioral aspects of the insomnia. In this case, simultaneous use of Ambien with psychiatry monitoring and intervention is appropriate and medically necessary.