

Case Number:	CM15-0115841		
Date Assigned:	06/24/2015	Date of Injury:	01/31/2001
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 01/31/2001 resulting in pain/injury to the low back and neck as well as the psyche. Treatment provided to date has included: medications (Ultram, Norco, Flexeril, Tizanidine, Soma, ibuprofen, Prilosec and Ambien), and conservative therapies/care. Diagnostic tests performed recently included: sleep study and upper endoscopy. Other noted dates of injury documented in the medical record include: 1995. Comorbidities included sleep apnea and seasonal allergies. On 05/19/2015, physician progress report noted the injured worker had complaints of aching neck pain with numbness, and aching low back pain rated 10/10 in severity with radiation to the right leg (also rated 10/10) and associated with pins and needles sensation. Additional complaints included aching pain in the arms and hands with numbness and rated 10/10. The review of systems was noted to be unchanged from the previous exam on 03/24/2015. That exam reported weight changes, fatigue, trouble sleeping, itching and nail changes, leg cramps, nervousness, depression, memory loss and stress. Current medications include Ambien and tramadol. The physical exam revealed no acute distress, normal gait with no assistive devices, tenderness to palpation (TTP) in the paraspinal musculature of the cervical spine, thoracic and lumbar regions, and restricted range of motion (ROM) in the cervical spine and lumbar spine, and spasms on lumbar range of motion (ROM). No other abnormal exam findings were noted. The provider noted diagnoses of neuroforaminal stenosis (left greater than right) in the C5-6 and C6-7 distribution, lumbar disc protrusion with radiculitis, obesity with internal medicine complication - compensatory, psychiatric injury - compensatory, left knee internal derangement - compensatory, and

gynecomastia. Plan of care includes physical therapy for increased sciatic complaints, referral to pain management specialist for evaluation of lumbar epidural steroid injection and medication use, continued medications (including Ambien and tramadol), and follow-up. The injured worker's work status remained permanent and stationary (working full duty). The request for authorization under Independent Medical Review includes Ambien 10mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Ambien 10mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Insomnia and Insomnia Treatment; and Pain Chapter - Zolpidem (Ambien) and Other Medical Treatment Guidelines Zolpidem: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS (Medical Treatment Utilization Schedule) is silent in regards to the use of Ambien (zolpidem); therefore, alternative guidelines were consulted. The ODG refers to chronic insomnia as being generally defined as lasting more than one month. This condition may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical conditions. Chronic insomnia is more likely to occur in the elderly, depressed patients, and medically ill populations. The ODG continues to classify insomnia based on etiology with secondary insomnia described as insomnia that is secondary to other medical and psychiatric illnesses, medications, or sleep disorders. The ODG goes on to say: treatment should be based on etiology, and secondary insomnia should be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In regards to Ambien (zolpidem), the ODG states: zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. While these medications are commonly prescribed in patients with chronic pain, pain specialist rarely recommend the long term use of these medications because they can be habit-forming, and may impair memory and function more than opioid pain relievers. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The ODG also refers to the Substance Abuse and Mental Health Services Administration's (SAMHSA) recommendation that this medication should be used for only a short period of time. The documentation submitted indicates that the injured worker has been prescribed this medication for years, since at least 03/2013. The injured worker continues to report difficulties with sleep despite the long-term use of Ambien, and also reports fatigue and memory loss which are known side-effects of this medication. A polysomnogram in February 2015 showed obstructive sleep apnea. Ambien should be used with caution in patients with sleep apnea. Due to length of use in

excess of the guideline recommendations, and potential for toxicity, Ambien 10mg #30 with 2 refills is not medically necessary