

<b>Case Number:</b>	CM15-0118513		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/07/2002
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old male injured worker suffered an industrial injury on 08/07/2002. The diagnoses included herniated lumbar disc, lumbar laminectomy and adhesive capsulitis right shoulder. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with On 3/2/2015 the cardiologist noted a history of sleep apnea and recent history of heavy ethanol use of 3 to 4 drinks a day to help with back pain. On 4/17/2015 the treating provider reported pain in the lumbar spine radiating down the right buttock and lower extremity region along with pain in the right shoulder. He also complained of difficulty sleeping due to pain. The treatment plan included Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien12.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**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/Stress, Insomnia.

**Decision rationale:** ODG recommended this medication for short term use, not long term use usually 2 to 6 weeks for the treatment of insomnia. There is a risk of tolerance, dependence and adverse events. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The documentation provided did indicate the injured worker had difficulty sleeping due to back pain. The cardiology note from 3/2015 indicated a diagnosis of sleep apnea and daily alcohol use. There was no evidence of a careful evaluation of potential causes of sleep disturbance. The medical records provided did not indicate how long the injured worker had been using Ambien or any prior benefit. The risks of adverse events were increased with sleep apnea and daily alcohol use. Therefore Ambien was not medically necessary.