

<b>Case Number:</b>	CM15-0119302		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/26/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female with a July 27, 2011 date of injury. A progress note dated April 1, 2015 documents subjective complaints (depressed mood; anhedonia; fatigue; anxiety; feelings of worthlessness; memory impairment; indecisiveness; loss of libido), objective findings (good eye contact; depressed in mood; fair productivity of speech; good insight; fair judgment; moderate impairment of ability to understand, remember and carry out an extensive variety of technical and/or complex job instructions; moderate impairment of ability to maintain concentration and attention for at least two hour increments), and current diagnoses (major depression, single episode; chronic back pain; moderate psychosocial stressors). Treatments to date have included medications, psychotherapy, and medical treatment for chronic pain related to her industrial injury. The treating physician documented a plan of care that included Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for chronic pain and also has a diagnosis of major depressive disorder. When seen, she had a GAF of 50 consistent with serious impairment in social or occupational functioning. She is described as heavy set, although height and weight are not documented. Permanent disability was recommended. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Further treatment for depression or evaluation for obstructive sleep apnea might be considered. The requested Ambien is not medically necessary.