

<b>Case Number:</b>	CM15-0170208		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/23/2007
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old female, with a reported date of injury of 01-23-2007. The diagnoses include lumbar discopathy, carpal tunnel syndrome, and anxiety and stress. Treatments and evaluation to date have included oral medications, Ambien (since at least 01-2015), acupuncture, and topical pain medications. The diagnostic studies to date have included a urine drug test on 06-25-2015 with negative findings. The progress report dated 06-25-2015 indicates that the injured worker continued to have a significant amount of low back pain, which she rated 7-8 out of 10. She also had bilateral leg pain, rated 7 out of 10. It was noted that the injured worker's neck pain had increased in severity and was rated 7-8 out of 10; her bilateral shoulder pain was rated 8 out of 10; and her bilateral arm pain was rated 6 out of 10. On 05-28-2015, the injured worker rated her low back pain 8 out of 10; and bilateral leg pain 8 out of 10. The physical examination showed no acute distress; a slightly antalgic gait; intact and painful toe and heel walk; tenderness at the occipital insertion of the paracervical musculature; mild tenderness bilaterally in the trapezii; tenderness of the midline base of the cervical spine; decreased cervical range of motion with discomfort; full shoulder motion accompanied by trapezius tenderness and pain; intact sensation in all upper extremities; a mildly positive head compression sign; tenderness from the thoracolumbar spine down to the base of the pelvis; slightly tight bilateral paralumbar musculature; tenderness of the buttocks; inability to squat due to pain; some tenderness on stress of the pelvis which indicated mild sacroiliac joint symptoms; decreased lumbar range of motion; no gross motor weakness in the lower extremities; and intact pin sensation in both lower extremities. A prescription for Ambien was given for sleep. The

injured worker remained permanent and stationary. The treating physician requested Ambien 10mg #20, one tablet at bed time as needed, with one refill. The request for authorization was dated 06-25-2015. On 08-03-2015, Utilization Review (UR) non-certified the request for Ambien 10mg #20 with one refill since there was no evidence of non-pharmacological attempts of good sleep hygiene.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg, 1 tab at Bedtime as Needed #20 1 Refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Insomnia Treatment).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

**Decision rationale:** According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduled IV controlled substances, which means they have potential for abuse and dependency". Ambien is not recommended for long term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 10mg #20 with 1 refill is not medically necessary.