

Case Number:	CM15-0171457		
Date Assigned:	09/11/2015	Date of Injury:	04/20/2011
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

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 58 year old female, who sustained an industrial injury on 4-20-2011. The injured worker was diagnosed as having lumbar herniated disc, post laminectomy, lumbar radiculitis, and sacroiliitis. The request for authorization is for: Ambien 10mg at bedtime and Somnicin at bedtime. The UR dated 8-10-2015: certified Norco 10-325mg every 6 hours as needed Qty: 120.00, Zanaflex 4mg 4 times daily Qty: 120.00, Naproxen 550mg twice daily Qty: 60.00; and non-certified Ambien 10mg at bedtime and Somnicin at bedtime. The records indicate she has been utilizing Ambien since at least May 2015. On 5-6-2015, she reported low back and bilateral thigh pain. She rated her pain 5 out of 10 and indicated she cannot sit or stand for prolonged periods. She also reported her pain to interfere with sleep. Current medications are: Norco, Zanaflex, and Anaprox. Objective findings revealed are that she did not appear to be in acute distress, altered gait, using walking cane, sacroiliac joints are tender on palpation, and there is a positive pelvic compression and positive Gaenslen's test. She was noted to be waiting on approval for sacroiliac joint fusion and was prescribed Naproxen, Norco, Zanaflex, and Ambien 10mg #30 one by mouth at bedtime, Terocin patches, Genicin, and Flurbi cream. Her work status is noted to be temporarily totally disabled. On 7-22-2015, she reported "moderate frequent" low back and bilateral lower extremity pain with weakness and numbness of the toes. She rated her pain 6 out of 10, and indicated the pain to interfere with sleep. Her activities are noted to be "limited". Physical findings are revealed as: she did not appear to be in acute distress, altered gait, using walking cane, sacroiliac joints are tender on palpation, and there is a positive pelvic compression and positive Gaenslen's test. The treatment and diagnostic testing to date has included: urine toxicology report (3-25-2015), medications, at least 6 sessions of

physical therapy, QME evaluation, electrodiagnostic studies, magnetic resonance imaging and x-rays of the low back, low back surgery (11-26-2012), and at least 24 sessions of chiropractic sessions, CT scan of the lumbar spine (6-3-2014), bilateral sacroiliac joint diagnostic and therapeutic block (2-10-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg at bedtime (Rx 7/22/15) QTY: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.

Somnicin at bedtime (Rx 07/22/15) QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), The Official Medical Fee Schedule (OMFS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.