

<b>Case Number:</b>	CM15-0172342		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 44-year-old female, who sustained an industrial injury on 6-1-11. The injured worker has complaints of persisting symptoms of depression including depressive mood, changes in weight, appetite, sleep disturbances, decreased energy, difficulty thinking and feelings of emptiness and inadequacy. The documentation noted that the injured worker has experienced recurring periods of anxiety with symptoms including difficulty controlling excessive worry, feelings of restlessness, difficulty concentrating, emotional irritability, muscle tension and abdominal distress. The injured worker has had unprovoked crying episodes that have occurred multiple times weekly and has experienced stress-intensified medial symptoms with worsened headache, neck, shoulder and back muscle tension, pain, palpitations peptic acid reaction and constipation. The documentation noted that the injured worker has developed difficulty staying asleep and falling asleep due to depression, anxiety and worry. Because of her insomnia, the injured worker has experienced excessive daytime sleepiness, morning headaches, trouble concentrating and a change in her personality. The diagnoses have included major depressive affective disorder, single episode, unspecified. Treatment to date has included ambien to fall asleep. The original utilization review (8-26-15) denied a request for ambien 10mg #30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 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 (ODG), Mental Illness & Stress, Zolpidem.

**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 treatment.

**Decision rationale:** ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for a three month supply i.e. Ambien 10 mg #30 with 2 refills is excessive and not medically necessary as it is indicated for only the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).