

Case Number:	CM15-0177865		
Date Assigned:	09/18/2015	Date of Injury:	03/27/2013
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 74 year old female with an industrial injury dated 03-27-2013. Medical record review indicates she is being treated for hip pain, spinal-lumbar degenerative disc disease and lumbar radiculopathy. The progress note dated 08-19-2015 indicates she is complaining of lower backache. The pain with her medications is documented as 6 out of 10 and without medications as 7 out of 10. Quality of sleep is documented as "good." Documentation by the treating physician indicates the injured worker's activity has remained the same, she is taking her medications as prescribed and the medications were working well with no side effects reported. Documentation indicates she had a "pain flare" in the left knee and had a cortisone injection in the left knee on 08-07-2015 and was for a follow up appointment and x-ray of left knee on 08-19-2015. "Feels like knee pain is decreasing but still painful, able to function with the aide of pain medications." Work status was with restrictions. Physical exam is documented as "the patient does not appear to be in acute distress." She does not show signs of intoxication or withdrawal. Gait was documented as slowed and antalgic and assisted by a cane. Left hip exam is documented as revealing tenderness over the groin and trochanter. Her medications included Ambien (since at least 09-13-2013), Cymbalta, Lyrica, Norco and Lipitor. The treating physician documented the following: "She is taking Ambien for sleep induction. Because of the severe hip pain she has difficulty falling asleep. This is a chronic issue for which the Ambien works very well. She has been using this which allows her to sleep through the evening, reducing her pain levels and improving her overall mood during the day." Prior treatment included physical therapy, epidural steroid injections, left partial hip replacement surgery (03-28-2013),

anti-depressants "for depression-anxiety related to pain and pain medication." The provider documents a "discussion regarding opioid medication" and "pain agreement briefly reviewed with the patient." The treatment request is for Lyrica, Norco, Ambien, Cymbalta and Lunesta. Medical records do not indicate the injured worker has been taking Lunesta previously. The requested treatments for review (request for authorization dated 08-27-2015) are Lunesta 1 mg QTY 30.00 and Ambien 5 mg QTY 60.00. On 09-03-2015 the request for Lunesta 1 mg QTY 30.00 and Ambien 5 mg QTY 60.00 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 mg 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, Pain.

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "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 schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine 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." The documentation submitted for review indicates that the injured worker has been treated for difficulty sleeping with Ambien since 2014. As insomnia medications are not recommended for long-term use, medical necessity cannot be affirmed. The request is not medically necessary.

Ambien 5 mg QTY 60.00: Upheld

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

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper

sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Per the medical records, it is noted that the injured worker uses Ambien to help with sleep induction and that it has been effective. Quality of sleep was noted to be good. However, per the records, the injured worker has been using this medication since at least 2014. As it is not recommended for long-term use, the request is not medically necessary.