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| <b>Case Number:</b>   | CM15-0064345 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 05/27/2004 |
| <b>Decision Date:</b> | 05/27/2015   | <b>UR Denial Date:</b>       | 03/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/06/2015 |

### 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 31 year old female who sustained an industrial injury on 5/27/2004. Her diagnoses, and/or impressions, included: whiplash injury syndrome; sprain of neck; migraine without aura; organic insomnia; and major depressive disorder - single episode. No current magnetic resonance imaging studies are noted. Her treatments have included medication management. Progress notes of 2/12/2015 reported that she presented 1 month post-partum with headaches, 5 major and 10 minor and having taken 20 Sumatriptan/Imitrex; no worsening depression; and well controlled insomnia on Ambien. It was noted that Cymbalta worked for her depression, insomnia and her headaches; and that she was advised by her Pediatrician to not take her Topiramate until stops breastfeeding (approximately another 6 months). The physician's requests for treatments were noted to include Zolpidem/Ambien as needed at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 12.5mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

**Decision rationale:** MTUS is silent regarding this issue 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 6 month of supply is not clinically indicated as the guidelines recommend that the use of this medication should be limited to short term treatment of insomnia with difficulty of sleep onset (7-10 days). Thus the request for Zolpidem 12.5mg #30 with 5 refills is excessive and not medically necessary.