

<b>Case Number:</b>	CM15-0069126		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

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 44 year old female, who sustained an industrial injury on March 17, 2014. She reported that throughout the course of her employment, she sustained injury to her neck and upper extremities. The injured worker was diagnosed as having cervical radiculopathy and cervical discogenic pain. Treatment to date has included physical therapy, acupuncture, MRI, and medication. Currently, the injured worker complains of severe neck pain radiating into the upper extremities, with significant difficulty sleeping at night. The Secondary Treating Physician's report dated March 11, 2015, noted the injured worker had a cervical epidural steroid injection (ESI) in the past with greater than 50% pain reduction for approximately six weeks. Physical examination was noted to show the cervical spine with a severe loss of range of motion (ROM) in left and right rotation, severe spasm and tenderness to palpation in the cervical paraspinal muscles, and positive Spurling's maneuver bilaterally. The treatment plan was noted to include a resubmission for a cervical epidural steroid injection (ESI), a motorized cold therapy unit, and refills of the medications including Soma, Mobic, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with one (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 (ODG), Stress & Mental Illness Chapter, Insomnia Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of insomnia by Michael Bonnet, MD, et al; UpToDate.com.

**Decision rationale:** This patient receives treatment for chronic neck and upper extremity pain. The date of injury is 03/17/2014. Medical treatment guidelines warn that reliance on hypnotics do not result in impressive relief from insomnia, and can produce side effects such as hallucinations, and lead to dependence and drug tolerance. (Addressing sleep hygiene does lead to improvement in restorative sleep. In addition, this patient has obesity and may have OSA, obstructive sleep apnea, for which there is no documentation.) Ambien is medically approved for use in the treatment of insomnia for limited time; however, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. Long-term use of Ambien is associated with sleep walking. Ongoing use of Ambien is not medically indicated.