

<b>Case Number:</b>	CM15-0073036		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Physical Medicine & Rehabilitation, 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 33 year old male who sustained an industrial injury on 01/23/2013. Diagnoses include lumbar L5-S1 radiculopathy, L5 instability with flexion x rays, L5 spondylolisthesis; L5 pars fractures, L5-S1 disc protrusion with severe neural foraminal stenosis, left lumbar facet joint pain at L4-L5, and L5-S1, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, lumbar facet joint pain, lumbar sprain/strain, left shoulder internal derangement, cervical sprain/strain, thoracic sprain/strain, central disc protrusion at L5-S1 measuring 3.7mm with severe bilateral L5 neural foraminal stenosis, labral tear, left biceps tendon tear, and severe tendonitis of the biceps tendon. Treatment to date has included diagnostic studies, medications, and activity modifications. A physician progress note dated 02/24/2015 documents the injured worker complains of neck pain, left shoulder pain, thoracic back pain, left low back pain, left buttock, left posterior thigh and left posterior calf pain. He has tenderness to palpation of the lumbar paraspinal muscles over the L4-S1 facet joints, and in the left shoulder. Left shoulder ranges of motion are restricted by pain in all directions. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Gaenslen's and Yeoman's signs were positive on the left. Cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. The injured worker has problems with sleep initiation. He has a 50% improvement of his activities of daily living with the use of his medications. The treatment plan is for surgery,

follow up visit, and he was provided with a prescription of Morphine sulfate. Treatment requested is for Ambien 10mg, 30 count.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10 mg, thirty count:** 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).

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

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia and the use of Ambien has been ongoing since at least February 24, 2015. Given this, there appears to be a longer term use of Ambien in excess of guideline recommendations of 6 weeks. Thus, the currently requested Ambien is not medically necessary based upon time frame of use.