

<b>Case Number:</b>	CM13-0005867		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Chiropractic Care and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 67 year old female injured worker with date of injury 8/13/01 with related low back pain. She is diagnosed with lumbar degenerative disc disease with low back pain, severe constipation, depression secondary to chronic pain and myofascial pain. It is noted that her last MRI was in 2009 to evaluate interval change as well as rule out compression fracture. The results are unavailable for this review. She has been treated with physical therapy and medications. The date of utilization review decision was 7/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #10:** 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), Pain, Zolpidem

**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 California MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine 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". The documentation submitted for review indicates that the injured worker had used this medication in 5/2013. Further progress reports dating to 11/21/13 do not note its use, though it is still noted that sleep is disturbed 4-5 times per night. Because the submitted medical records do not document efficacy of Ambien when it was in use, and also do not address attempt of sleep hygiene practices, the request is not medically necessary.