

<b>Case Number:</b>	CM13-0008387		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/16/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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/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 injured worker is a 44-year-old male who reported an injury on 08/16/2000. The mechanism of injury was the injured worker jumped 6 to 8 feet. The injured worker underwent an MRI of the lumbar spine in 2007. The injured worker underwent a lumbar fusion on 03/17/2004. The documentation indicated the injured worker was utilizing Ambien since at least 09/2011. The documentation of 10/31/2013 revealed the injured worker's sleep disturbance from pain was 9 on a 0 to 10 scale. The injured worker indicated pain medications were providing 50% pain relief. The diagnoses included chronic multi-factor lower back pain with lumbar radiculopathy on an industrial basis and status post remote failed cervical spine surgery syndrome. The treatment plan included sleep hygiene was reviewed with Ambien continued for improving sleep architecture. The injured worker denied any complex sleep behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines recommend Ambien for the short treatment, from 2 to 6 weeks, for insomnia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10 mg #30 is not medically necessary.