

<b>Case Number:</b>	CM13-0014110		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic pain syndrome, chronic low back pain, and insomnia reportedly associated with an industrial injury of August 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; long and short-acting opioids; and extensive periods of time off of work. In a utilization review report of August 1, 2013, the claims administrator denied a request for Ambien. The applicant later appealed. A progress note of July 2, 2013, is notable for comments that the applicant reports chronic pain about the low back. He is on a variety of analgesic and adjuvant medications including Norco, Elavil, Ambien, Tenormin, Lipitor, Zestril, Lyrica, nifedipine, Norflex, Zanaflex, tramadol, and Teramine. He states that he is 60% disabled. He is given permanent work restrictions, and asked to continue methadone and Norco. An earlier note of May 24, 2013, states that the applicant is off of work, depressed, and has chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg Tablet, 1 tablet at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition.

**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, Zolpidem.

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, zolpidem topic, zolpidem or Ambien is indicated in the short-term management of insomnia, on the order of two to six weeks. It is not indicated in the chronic, long-term, and/or sustained use basis for which it is being proposed here. In this case, it is further noted that the applicant does not appear to have derived any lasting benefit or functional improvement through prior usage of the same. The applicant is still off of work and has failed to effect any improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. All of the above, taken together, imply that ongoing usage of Ambien has not been effective and that there has been no functional improvement as defined in MTUS 9792.20f through prior usage of the same. For all of these reasons, the request is not certified.