

<b>Case Number:</b>	CM13-0034765		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Practice and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 10/18/2007. The mechanism of injury was not provided. The patient was noted to have severe low back pain due to lumbosacral degenerative joint and disc disease and facet arthropathy. The patient indicated that the medications prescribed were keeping her functional, allowing for increased mobility and tolerance of ADLs and home exercises. The patient's diagnoses were noted to include lumbago and degenerative lumbosacral intervertebral disc disorder. The request was made for Ambien 5 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg #120:** 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), Pain Chapter, Online Version.

**Decision rationale:** The California MTUS/ACOEM does not address zolpidem (Ambien). The Official Disability Guidelines indicate that it is for the short-term treatment of insomnia,

generally 2 to 6 weeks. The clinical documentation submitted for review indicated that the patient was to use 1 to 2 Ambien at bedtime, but not to utilize more than 10 mg at a time. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for 120 tablets, as it was noted that the patient was taking 1 to 2 per night. Given the above and the lack of documentation of exceptional factors, the request for Ambien 5 mg #120 is not medically necessary.