

<b>Case Number:</b>	CM13-0040045		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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:

This injured workers original date of injury was 3/04/2004. This patient is being treated for chronic low back pain and has received epidural steroid injections, spinal cord stimulator placement, and has pain radiating to both lower extremities more so on the left side. The station is also status post lumbar laminectomy. The request is for a prescription for Ambien.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Updated 6-7-13).

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

**Decision rationale:** According to the ODG Guidelines on treatment of insomnia, Ambien (zolpidem) is indicated only for the short term treatment of insomnia (7-10 days).