

<b>Case Number:</b>	CM13-0040909		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation 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 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 40-year-old female with a reported date of injury on 07/09/2009. The injury reportedly occurred when the injured worker was assisting a patient while walking and the patient fell while the injured worker caught the weight of the patient on her shoulder. Her diagnoses were noted to include fibromyalgia, right shoulder impingement syndrome, right cervical radiculopathy, shoulder pain, cervical spondylosis without myelopathy, and displacement cervical intervertebral disc without myelopathy. Her previous treatments were noted to include physical therapy, home exercise program, moist heat, medications, a cervical epidural steroid injection, radiofrequency neurotomy, and status post right shoulder derangement surgery. The progress report dated 09/13/2013 reported the injured worker complained of chronic, severe back and neck pain. The injured worker reported she underwent a cervical epidural steroid injection and continued to have 50% relief, especially in her neck; however, she continued to have pain and tingling in the right shoulder. The injured worker reported the average pain without medications as 10/10 and with medications was rated 6/10. The physical exam revealed tenderness to palpation paraspinals in the trapezius and levator scapula bilaterally with taut bands and almost rock hard tissue. The physical examination of the thoracic spine was noted to have tenderness to palpation paraspinals, upper right, with palpable trigger points and a right spasm noted below the spine of the scapula. The physical examination of the lumbar/sacral spine was noted to have right upper extremity decreased strength, decreased sensation to pinprick to the right C5, decreased right C6, and decreased right C7. Her medications were noted to include Percocet 10/325 mg 1 every 4 to 6 hours as needed, Ambien 10 mg 1 at bedtime, tramadol 50 mg 1 every 12 to 8 hours as needed, tizanidine 4 mg 1 daily every 12 hours as needed, Medrox patch every 12 hours as needed, and Medrol 4 mg tablets as directed. The

request for authorization form dated 10/02/2013 is for Ambien 10 mg 1 by mouth at bedtime as needed for sleep #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AMBIEN 10 MG TABS ZOLPIDEM TARTRATE 30 WITH 0 REFILLS: 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 (Ambien) and the Food and Drug Administration (FDA), Ambien - <http://www.drugs.com/pro/ambien.html>.

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

**Decision rationale:** The request for Ambien 10 mg tabs zolpidem tartrate 30 with 0 refills is non-certified. The injured worker has been utilizing this medication for sleep. The Official Disability Guidelines state zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual's chronic pain and is often hard to obtain. While sleeping pills, so-called minor tranquilizers, and antianxiety 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 they may increase pain and depression over the long term. The injured worker has been taking this medication since at least 06/13/2013. The Guidelines recommend Ambien for short-term use and the injured worker has been taking this medication for over 6 months and there is a lack of documentation regarding sleep issues to warrant this medication. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is non-certified.