

<b>Case Number:</b>	CM13-0041864		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/04/2013
<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 Internal 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 patient has a history of injury in the cervical spine, upper back, and shoulder injury dated August 2, 1997. Notes from the PTP documented complaints of cervical and lumbar radiculopathy. This is a chronic injury. The patient had cervical fusion. There is a request for Ambien but no mention about the insomnia in the Workmen's Compensation report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ambien ER 12.5mg #30 as an outpatient cervical/thoracic and shoulder disorder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman & Gilman's, The Pharmacological Basis of Therapeutics, and in addition McGraw Hill 2006 and other reference is [www.nlm.nih.gov/medlineplus/druginfo/meds](http://www.nlm.nih.gov/medlineplus/druginfo/meds).

**Decision rationale:** The Ambien is a sleep-inducing medication. From clinical management standpoint, extended use of Ambien/opioid is not supported for chronic insomnia use secondary to pain. The use of medications such as Ambien is not supported by current evidence-based guidelines when utilized concurrent with opioid medications.

