

<b>Case Number:</b>	CM13-0052630		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/14/1984
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and 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 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 patient is a 65 year old male who sustained an injury on 01/14/84. The patient's mechanism of injury was not specifically noted. The patient was followed for ongoing complaints of chronic low back and radicular pain consistent with failed back surgery syndrome. The patient had multiple medications prescribed and utilized Ambien for more than two years. The patient was provided a spinal cord stimulation trial but it did not appear that a permanent stimulator was implanted. The clinical assessment on 10/14/13 noted current medications as Vicodin 7.5/750mg and Ambien 10mg with one half tablets taken at night. The patient was reported as stable with these medications and compliant. No behavioral problems were identified. The most recent evaluation on 11/12/13 indicated continuing low back pain radiating to the lower extremities right worse than left. On physical examination there was continued tenderness to palpation in the lumbar spine. Range of motion was restricted. Some weakness throughout the lower extremities was noted. Toxicology results from 11/15/13 noted positive findings for THC and Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain procedure summary.

**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, ZOLPIDEM

**Decision rationale:** In regards to the requested Ambien 10mg this medication is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The use of Ambien to address insomnia is recommended for short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, the request is not medically necessary.