

<b>Case Number:</b>	CM13-0063503		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 5/19/11. A utilization review determination dated 11/26/13 recommends non-certification of Ambien. 12/6/13 medical report identifies that the patient has never been prescribed Ambien. Subjective complaints include left lower extremity, neck, and upper extremity pain, headaches, stomach upset, and erectile difficulty. On exam, there is cervical tenderness and limited range of motion, and left arm generalized weakness 4/5. There is no mention of any symptoms of altered sleep or a diagnosis of insomnia on the 12/6/13 or 11/1/13 medical reports.

### 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 Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, the provider has clarified that Ambien has not been prescribed in the past, but there is no documentation of any symptoms of altered sleep or even a diagnosis of insomnia, along with failure of non-pharmacologic treatment for insomnia. In the absence of such documentation, the currently requested Ambien is not medically necessary.