

<b>Case Number:</b>	CM13-0067235		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Family Practice and is 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 injured worker is a 44-year-old male who reported cumulative trauma injuries from 08/04/2009 through 08/04/2010 and again on 08/19/2009 which was reportedly a newer one. The injured worker was seen most recently on 10/28/2013 for complaints of low back condition that continues to worsen. He complained of severe pain with radiation to the lower extremities and was still having ongoing issues with ambulation and lower extremity weakness. The injured worker was ambulating with assistance of a cane and examination of the lumbar spine revealed sciatic stretch sign and straight leg raise testing was positive bilaterally. There was also severe limited range of motion to the lumbar paraspinal muscles with pain on motion and decreased sensation at the L4 level bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10 MG, # 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).

**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 (Ambien®).

**Decision rationale:** According to Official Disability Guidelines, zolpidem, otherwise known as Ambien, is a prescription short-acting, non-benzodiazepine hypnotic. This medication is usually approved for short-term use (usually 2 to 6 weeks) and is utilized for the treatment of insomnia. Although the injured worker has had ongoing complaints of low back pain, there was nothing in the current documentation indicating the injured worker is having any sleep disturbances. Furthermore, the documentation stated the injured worker has been utilizing Ambien since at least 07/2013. With the non-recommendation for long-term use beyond 6 weeks and without having any current clinical documentation stating the injured worker has sleep difficulties related to his injury, pain, or from an individual incidence, the requested service is not considered medically appropriate and is non-certified.