

<b>Case Number:</b>	CM13-0071364		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/15/2007
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Internal Medicine and Pulmonary Diseases 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 62-year-old male who reported an injury on 01/15/2007. The clinical note dated 11/18/2013 reported the injured worker complained of low back pain. The injured worker was doing well his medication regimen. The injured worker reported his energy level continued to be well with testosterone gel. The injured worker reported going to the gym 3 days per week. The injured worker reported needing refills on all of his medication except for Neurontin. Upon the physical exam, the provider noted ongoing tenderness to the lumbar paraspinal muscle with positive right leg lift. The provider noted the injured worker to have more energy. The injured worker had diagnoses of chronic low back pain, right lower extremity pain, right L5 radiculopathy likely due to moderate spinal stenosis at L4-5, CT myelogram from 01/2010 showed left-sided central disc protrusion at L1-2, sexual dysfunction, low testosterone. The provider requested Ambien 10 mg, at bedtime #60. The request for authorization was provided and submitted on 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG, AT BEDTIME #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Pain, Zolpidem (Ambien).

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

**Decision rationale:** The request for Ambien 10 mg, at bedtime #60 is not medically necessary. The injured worker complained of low back pain, doing well on current medication regimen. The injured worker reported energy level continues to be well with the testosterone gel. The injured worker continued to go to the gym 3 days per week. The Official Disability Guidelines indicate that Zolpidem (also known as Ambien) is indicated for use with insomnia. The guidelines also note Zolpidem is indicated for short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. There is a lack of clinical and objective findings indicating the injured worker to be diagnosed with insomnia. Additionally, the injured worker has been utilizing the medication for an extended period of time which exceeds the guideline recommendation of 7 to 10 days. Therefore, the request for Ambien 10 mg, at bedtime #60 is not medically necessary.