

<b>Case Number:</b>	CM14-0001193		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 51 year-old patient sustained an injury on 10/21/07 while employed by [REDACTED]. Request(s) under consideration include ZOLPIDEM (AMBIEN) 10 MG #30 TAKE BY MOUTH AT NIGHT. Diagnoses include chronic pain; lumbar radiculopathy; insomnia; failed cervical spine surgery s/p cervical discectomy and fusion at C4-6 on 10/2/09 and history of Gout. The patient's MED is 130. Peer reviews of 9/16/13 and 11/4/13 determined non-certification of Hydrocodone/ Acet. Due to lack of response and supporting information. Report of 11/27/13 from the provider noted the patient with ongoing chronic neck symptoms rated at 9/10 with and 10/10 without medications. Exam showed moderate distress, tenderness to palpation of cervical spine with decreased painful range of motion. The provider noted pain contract on file with monitoring by urine testing. Report of 6/11/14 from the provider noted the patient with chronic neck pain radiating down bilateral lower extremities rated at 8/10 with and 9/10 without medications with ongoing insomnia. Exam of cervical spine was unchanged and showed spasm, spinal vertebral tenderness at C4-7; limited painful range; decreased sensation at C5-6 dermatomes. Treatment included CURES report, UDT with weaning unsuccessful with continued medication regimen of Flexeril, Hydrocodone/APAP, MS Contin, Doxepin, and medications by other MD Butalbital, Norco, Amlodipine, Aspirin, Cyclobenzaprine, Glipizide, Lantus, Januvia, Lisinopril, Metoprolol, Pravastatin, Ambien, and Omega Fish oil. The request(s) for ZOLPIDEM (AMBIEN) 10 MG #30 TAKE BY MOUTH AT NIGHT was denied on 12/16/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM (AMBIEN) 10 MG #30 TAKE BY MOUTH AT NIGHT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKERS' COMPENSATION

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®), pages 877-878

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury of 2007. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The ZOLPIDEM (AMBIEN) 10 MG #30 TAKE BY MOUTH AT NIGHT is not medically necessary and appropriate.