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| <b>Case Number:</b>   | CM14-0003671 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 02/06/2006 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 12/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2014 |

### 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 Illinois. 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 57 year old female who reported a low back, left knee, and right ankle injury on 02/06/2006; the mechanism of injury was not provided within the submitted documentation. The clinical note dated 11/25/2013 noted the injured worker reported low back pain with some relief from acupuncture. The prescribed medication documented included Cymbalta, Ibuprofen, Vicodin, and Ambien. The injured worker had 7/10 pain and range of motion was 25% of the expected value. Within the clinical note dated 08/01/2013 the prescribed medication list included Vicodin, Ambien, and Cymbalta. The injured worker had diagnoses including lumbar disc disease, left sciatic neuropathy, and depressive symptoms. The request for authorization was 12/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5MG:** 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 Workers Compensation 2013 Pain.

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

**Decision rationale:** The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Given the injured worker is documented to have been utilizing Ambien for a prolonged time the request would exceed the guideline recommendations for the period of usage. The requesting physician did not include adequate documentation of a significant disruption in sleep pattern. Additionally, the efficacy of the medication was unclear. As such, the request is not medically necessary and appropriate.