

<b>Case Number:</b>	CM14-0004418		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine 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 patient is an employee of [REDACTED], who has submitted a claim for (C3-C7 moderate spondylosis with bilateral upper extremity radiculitis; C3-C4 unstable spondylolisthesis), associated with an industrial injury date of 01/24/2003. Treatment to date has included Celebrex, OxyContin, Lyrica, Ambien, Adderall, Wellbutrin XL, Detrol LA, Phenergan, radiofrequency ablation, cervical epidural steroid injection, and physical therapy. Medical records from 1/08/13 to 12/13/13 were reviewed showing that patient complained of neck and bilateral upper extremity pain. Physical examination showed limited range of motion of the cervical spine due to pain, a negative Spurling's test; right elbow swelling at the olecranon bursa, no tenderness at the right medial and lateral epicondyles; PHQ-9 score of 29/30 indicating severe depression. Manual testing was normal. Utilization review from 12/13/13 denied the request for Ambien 10mg #30 due to lack of documentation of the results of sleep behavior modification attempts or any objective evidence of derived functional benefit from its previous use; and negative recommendations from the Official Disability Guidelines and FDA Guidelines.

### 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.

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

**Decision rationale:** The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription 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. In this case, the patient has been taking Ambien since May 2012 (18 months to date), which is beyond the recommended duration of use. A progress report, dated 12/05/2013, cited that it provided beneficial effects, however, the quality and duration of sleep were not discussed. Long-term use is not recommended; and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Ambien 10MG #30 is not medically necessary.