

<b>Case Number:</b>	CM14-0100577		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 injured worker is a 52 year old male with a date of injury on 3/3/2008. As per the 05/2/14 report, he complained of aching pain in his low back, neck, and both legs, rated at 10/10; pain into both hands, rated at 8-10/10; numbness as well as pain between his crotch, rated at 7-8/10; ongoing headaches; and significant amount of ringing in his ears. The exam revealed tenderness at the occipital insertion of the paracervical musculature with mild tenderness bilaterally in the trapezii and midline base of the cervical spine, paraspinous musculature of the lumbar region bilaterally with midline tenderness, decreased cervical and lumbar range of motion, with significant paracervical discomfort. The scapular retraction was limited with rhomboid pain and full shoulder motion elicited trapezius tenderness and pain. He is status post complete laminectomy at the L3-4, L4-5, and L5-S1 levels with an interbody fusion at L5-S1 done on 1/18/14 and right hip replacement on 3/14/11. He is currently on Lyrica, hydrocodone, and Ambien. He reportedly admitted that none of the medications have significantly helped with his pain. He previously attended water therapy but has stopped this as his pain worsened. He recently had modified certification for Ambien for weaning purposes and as per 5/1/14 report, he still has difficulty sleeping and Ambien is not that helpful. His diagnoses include cervical discopathy; lumbar discopathy; status post right hip replacement; L3-4, L4-5, and L5-S1 degenerative disc disease; status post lumbar spine surgery; mild bilateral shoulder impingement; and head trauma with tinnitus. The request for Ambien 10mg #30 was denied on 6/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10MG #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), Pain Chapter, Insomnia treatment

**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), Zolpidem (Ambien®)

**Decision rationale:** As per Official Disability Guidelines, zolpidem (Ambien) 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, which has not been addressed in this case. There is no documentation of a detailed assessment of insomnia in this injured worker. Furthermore, the injured worker has indicated that Ambien is not that helpful. In the absence of documented significant improvement of sleeping, and lack of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary according to the guidelines.