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| <b>Case Number:</b>   | CM14-0016795 |                              |            |
| <b>Date Assigned:</b> | 04/11/2014   | <b>Date of Injury:</b>       | 07/31/2009 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 01/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic knee pain, depression, anxiety, and mood disturbance reportedly associated with an industrial injury of July 31, 2009. Thus far, the injured worker has been treated with the following: analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and various psychotropic medications; including antidepressants and anxiolytic medications. In a Utilization Review Report dated January 9, 2014, the claims administrator denied a request for Ambien. The injured worker's attorney subsequently appealed. It appears that Wellbutrin, BuSpar, and Ambien were all endorsed via a handwritten request for authorization form dated December 6, 2013. No clinical information, narrative commentary, or progress note were attached to the request for authorization. On October 11, 2013, the injured worker reported ongoing complaints of neck pain rated at 5-6/10, low back pain, and bilateral upper extremity pain. The injured worker was having difficulty performing a variety of activities of daily living, including sleep. The injured worker was also receiving medications for asthma through a third treatment provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG, 1 AT NIGHT, #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider using a drug for non-FDA labeled purposes or non-FDA approved usage should be well informed regarding usage of the same and, should, furthermore, furnish some compelling medical evidences to support such usage. In this case, the attending provider's request for authorization form of December 6, 2013 did not provide any narrative commentary, medical evidence, or injured worker-specific information which would support provision of Ambien, a sleep aid, on a nightly use basis, with two refills. The Food and Drug Administration (FDA) notes that Ambien is only indicated in the short-term management of insomnia, for up to 35 days. No rationale for the selection and/or ongoing usage of Ambien was furnished. Therefore, the request is not medically necessary.