

<b>Case Number:</b>	CM14-0017109		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Psychiatry 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] and has submitted a claim for neck pain, with an industrial injury date of August 24, 2007. The treatment to date has included C5-6 and C6-7 anterior cervical discectomy and fusion (September 18, 2007), exploration of fusion (September 22, 2008), trigger point injections, home exercises program, and medications which include zolpidem, oxycodone, fentanyl, naproxen, ibuprofen, etodolac. The medical records from 2012-2014 were reviewed the latest of which dated February 13, 2014 which revealed that the patient has significant moderately severe to severe pain in the neck area, with radiating pain to the right shoulder and right upper extremity. The pain is continuous, only relieved temporarily by ESI. She reports having difficulty in performing activities of daily living. The patient has stopped since September 24, 2007 and is on state disability. On physical examination, there is right handgrip weakness. A 2 inch surgical scar was noted in the anterior neck. There was also a disfiguring scar on the posterior neck, extending from C3 through C6 spinal levels. There was paracervical tenderness or myospasm noted on palpation. There is significant reduction of the cervical range of motion in all planes, due to end range neck pain. Palpation revealed tenderness in the right shoulder. There was reduced right shoulder range of motion due to right shoulder pain. Sensory examination showed patchy decreased pinprick sensation in the upper extremity, not localized to any specific nerve root distribution. Utilization review from January 31, 2014 denied the request for zolpidem (Ambien) 5mg #30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM (AMBIEN) 5MG #30, WITH ONE REFILL: 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, Zolpidem.

**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 the topic on zolpidem. ODG states the zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, Ambien has been prescribed since January 2013. The patient has exceeded the guideline recommendations for short-term use. There was no documentation of improvement after a long-term use. There was no discussion concerning the patient's sleep hygiene, therefore, the requests for zolpidem (Ambien) 5mg #30 with one refill is not medically necessary.