

<b>Case Number:</b>	CM14-0018036		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/23/2003
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Texas. 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 65 year old female who reported an injury on 09/23/2003 due to an unknown mechanism. The clinical note dated 12/13/2013 presented the injured worker with back pain and insomnia. The treatment included acupuncture, massage, and Ambien. The documentation suggests current Ambien use, but there is no reference to the length of time and the dosage. The request for authorization form was undated and included in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG #30 REFILLS: 05:** 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 (AMBIEN).

**Decision rationale:** The request for Ambien 10MG with a quantity of 30 and 5 refills is not medically necessary. Per Official Disability Guidelines, Ambien, is a short-acting nonbenzodiazepine hypnotic. It is approved for short term treatment of insomnia, usually lasting between 2 and 6 weeks. 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. The documentation suggests current Ambien use, but there is no reference to the length of time and the dosage. Also the request for Ambien 10MG with a quantity of 30 plus 5 refills well exceeds guideline recommendations. Therefore, the request is not medically necessary.