

Case Number:	CM14-0018508		
Date Assigned:	04/18/2014	Date of Injury:	05/28/2001
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/13/2014

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 a 75 year old female who was injured on 05/28/2001 who injured her back when she missed a step on a ladder while filing charts in the medical records department. PR-2 dated 03/05/2013 documents the patient uses Ambien at night for insomnia due to her pain. PR-2 dated 04/08/2014 documented the patient with complaints of constant pain with her lower back. She suffers from constant anxiety and depression since she was injured back in May 2001. She states she cannot function without the pain medication. She has been using Norco on an average of 4 per day to manage her pain. She additionally is using Ambien at night for insomnia due to pain. She takes Zanaflex 6 mg upwards to 2 per day to control back spasms and leg cramps. She has been prescribed Effexor and Xanax for depression and anxiety. She takes Neurontin 300 mg twice daily. Impression: History of insomnia due to pain, stable with Ambien use.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 12.5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: WEB BASED EDITION, [HTTP://WWW.DIR.CA.GOV/T8/CH4_5SB1A5_2.HTML](http://www.dir.ca.gov/T8/CH4_5SB1A5_2.HTML),

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

Decision rationale: This is a request for Ambien 12.5 mg for insomnia secondary to pain for a 75 year old female with chronic worsening low back pain. According to ODG, Ambien is not indicated for long-term use. The patient is taking this medication on a chronic basis and continues to have severe low back pain, which is worsening. Medical records do not establish clinically significant pain reduction or functional benefit secondary to use of this medication. Further, the prescribed dose is double that suggested for elderly women. Medical necessity is not established.