

<b>Case Number:</b>	CM14-0115015		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/30/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Illinois. 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 48-year-old male who reported an injury on 06/30/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 07/21/2014 indicated diagnoses of cervical disc disorder with myelopathy and post cervical laminectomy syndrome. The injured worker reported neck pain. On physical examination of the cervical spine, the range of motion was restricted due to the use of a hard cervical brace collar. The treatment plan included a request for authorization for re-evaluation following cervical spine fusion and discectomy and Sonata medication. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Prilosec, Flexeril. The provider submitted a request for Ambien. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg 1 tablet at night #30, 1 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, Treatment Index, 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 (Ambien).

**Decision rationale:** The request for Ambien 5 mg 1 tablet at night #30, 1 refill is non-certified. The Official Disability Guidelines recommend Zolpidem as a 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 and often is hard to obtain. Various medications may provide short-term benefit. 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The documentation submitted did not indicate the injured worker had findings that would suggest he was at risk for sleep disturbances, insomnia, difficulty with sleeping. In addition, the provider did not indicate a rationale for the request. Moreover, it was not indicated the injured worker had been utilizing Ambien or if this was for a trial prescription. Therefore, the request is non-certified.