

<b>Case Number:</b>	CM14-0119830		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 & 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 58-year-old male who reported a date of injury of 04/30/2008. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbar degenerative disc disease, chronic low back pain, right knee pain, and status post right total knee arthroplasty. Prior treatments included physical therapy. The injured worker had an MRI of the lumbar spine on 06/19/2014 with an official report indicating multilevel degenerative disc disease and facet disease with mild retrolisthesis of L5 on S1 and moderate to severe spinal stenosis at multiple levels. Surgeries included a right total knee arthroplasty on 10/04/2013. The injured worker had complaints of low back pain with the pain rated at 7/10 with bilateral lower extremity radiation. The clinical note dated 04/07/2014 noted the injured worker had tenderness to palpation in the knee and lumbar region. Medications included hydrocodone, tramadol, and omeprazole. The treatment plan included the physician's recommendation for aqua therapy and to await the updated MRI. The rationale was not indicated within the medical records received. The Request for Authorization form was received on 01/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 30 days:** 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 (Chronic), Zolpidem (Ambien®).

**Decision rationale:** The injured worker had complaints of low back pain with the pain rated at 7/10 with bilateral lower extremity radiation. California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state Ambien is a prescription medication that is a short acting nonbenzodiazepine hypnotic, which is approved for the short term use, usually 2 to 6 weeks, for the treatment of insomnia. Proper sleep hygiene is critical to the injured worker with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents 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. There is also concern that they may increase pain and depression over the long term. There is a lack of documentation indicating the injured worker has insomnia, for which the medication Ambien is prescribed. The guidelines indicate Ambien is recommended for short term use, usually 2 to 6 weeks, for the treatment of insomnia. However, it is noted the injured worker was approved the use of Ambien for weaning purposes. The request for Ambien for 30 days, exceeds the recommended guidelines for the short term use of 2 to 6 weeks for the treatment of insomnia. Additionally, the request as submitted did not indicate a frequency of use. As such the request for Ambien 10mg 30 days is not medically necessary.