

<b>Case Number:</b>	CM14-0150293		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/04/2000
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male who reported injury on 07/04/2000. The mechanism of injury was a motor vehicle accident. Diagnoses included idiopathic low back pain, herniated nucleus pulposus, facet arthrosis, degenerative disc disease, radiculitis, and pain dysfunction syndrome. The previous treatments included epidural steroid injections, trigger point injections, and medication. The progress note, dated 08/19/2014, noted the injured worker complained of low back pain, back lower extremity pain, and sciatica rated 7/10. The pain was reported to be affecting the injured worker's activities of daily living. The injured worker reported waking up 1 to 2 times nightly because of pain. The physical examination revealed tenderness to palpation of the right posterosuperior iliac spine and L5. The medications include aspirin 81 mg, Ultram, Baclofen, Diazepam, Hydromorphone, Lortab, and OxyContin. The treatment plan recommended weight loss, a spinal orthotic, a home exercise program, a prescription for Celebrex 200 mg once daily, and a prescription for Ambien 10 mg 1 tablet daily #30 with 3 refills. The Request for Authorization Form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem (Ambien)

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

**Decision rationale:** The injured worker had pain to his back radiating down his lower extremities rated 7/10, and reported sleep alteration, waking 1 to 2 times nightly due to pain. There was no further assessment of sleep pattern or quality. The injured worker's medications included Ultram, Baclofen, Diazepam, Hydromorphone, Lortab, and OxyContin. The Official Disability Guidelines recommend Ambien as a nonbenzodiazepine hypnotic, for the short term (2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical for individuals with chronic pain, and is often difficult to obtain. Sleeping pills are not recommended for long term use, as they can be habit forming, and may impair memory and function more than opioids. There is also a concern that they may increase pain and depression over the long term. The request for Ambien #120 exceeds the guideline recommendations for short term treatment. There is a lack of evidence of assessment or diagnosis of insomnia. The rationale for the addition of Ambien to the medication regimen was not provided. Due to the lack of evidence of insomnia, and the excessive quantity of Ambien requested, the use of Ambien is not supported at this time. Therefore, the request of Ambien 10mg #120 is not medically necessary and appropriate.