

<b>Case Number:</b>	CM14-0151292		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/23/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Pain Management 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 injured worker is a 52 year-old female who sustained an injury on 10/23/05. On 05/9/14 the patient presented with complaints of pain in the neck and lower back. On exam, cervical spine range of motion was forward flexion 50 degrees, extension 50 degrees, rotation right 65 degrees, left 65 degrees, lateral bending right 30 degrees, and left 30 degrees. The foraminal compression test was positive. Spurling's test was positive. There was tightness and spasm in the trapezius, sternocleidomastoid and straps muscle right and left. The injured worker's lumbar spine range of motion was flexion 50 degrees, extension 20 degrees, and lateral bending right 20 degrees, left 20 degrees. There was tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There was no diagnostic study reports were documented. No past surgeries indicated. Current medications include Norco for severe pain, Ultram for moderate pain, Anaprox for swelling and inflammation, and Prilosec to protect gastric mucosa. It was indicated that she has been taking Ambien on chronic basis. There were prior non-certification recommendations for Ambien on 10/17/13 and more recently on 4/23/14. Diagnoses include cervical strain herniated cervical disc, lumbar strain herniated lumbar disc, symptoms of anxiety and depression, and symptoms of insomnia. The request for Ambien 10mg 1 tablet QHS count #30 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 1 tablet QHS count #30: 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

**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® (zolpidem tartrate)

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not address the issue in dispute and hence the Official Disability Guidelines (ODG) has been consulted. As per the Official Disability Guidelines (ODG), Zolpidem (Ambien) is a prescription 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." 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. Additionally, it is unclear from the records for how long she has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Furthermore, there is no documentation of any significant improvement in sleep with prior use. Thus, the request is not medically necessary.