

<b>Case Number:</b>	CM14-0153500		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/16/1984
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Emergency 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:

Patient with reported date of injury on 3/16/1984. No mechanism of injury was provided for review. Patient has a diagnosis of cervical degenerative disk disease, cervical facet arthropathy, cervical radiculopathy, lumbar sprain/strain, sacroiliac joint dysfunction and lumbar radiculopathy. Medical reports reviewed. Last report available until 8/21/14. Patient complains of neck and low back pains. Pain is 3-8/10. Pain is associated with paresthesias and spasms. Pain has improved with lumbar epidural steroid injection. Objective exam reveals diffuse thoracic and lumbar pain. Decreased T8-9 sensation. L sciatic notch tenderness, negative straight leg raise. Decreased Left C3 pinprick and diffuse decreased bilateral lower sensation. There is no documentation as to why Ambien is being continued. Documentation does not mention insomnia or problems sleeping. Patient has been on this medication chronically for at least 6 months. Medications include Ambien, Dilaudid, Ketorolac, Senna, HCTZ, Lisinopril, Colace, Trazadone, Protonix, Topamax, Promethazine, Robaxin, Maxalt and Naproxen. There is sparse documentation of prior treatment. Noted prior lumbar epidural steroid injection and has been on pain and sleep medications in the past. Independent Medical Review is for Ambien 10mg #30. Prior UR on 9/9/14 recommended non-certification of Ambien and conditional non-certification of Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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- Ambien (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(Chronic)>, <Insomnia Treatment>

**Decision rationale:** There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Ambien chronically for at least 6months. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The provider has failed to document anything concerning sleep problems with this patient. The number of tablets of 30 is not appropriate for short term use or weaning as per ODG Guidelines. The chronic use of Ambien is not medically appropriate and is not medically necessary.