

<b>Case Number:</b>	CM14-0153791		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/20/1998
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/13/2014
<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 Internal 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:

The injured worker (IW) is a 56-year-old woman with a date of injury of March 20, 1998. The mechanism of injury was not documented in the medical record. Pursuant to the pain management progress note dated July 21, 2014 indicated that the IW has continued complaints of neck and hip pain. She is seeing a new psychiatrist. She reports burning and shooting pain in the hands. She states she keeps dropping things. The medications are helping the pain. Physical examination revealed that the IW had decreased sensation to light touch with tingling into the hands. Strength testing was within normal limits. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscle, and scapular border. Tinel's test was positive in the bilateral wrists and elbows. An x-ray of the right hip (not dated) revealed questionable calcification at the right greater trochanter, but no evidence of degenerative joint disease. Relevant diagnostic history includes: Cervicalgia, cervical radiculopathy, s/p cervical fusion, left shoulder glenohumeral ligament laxity, carpal tunnel syndrome/ulnar neuropathy, anxiety, depression, and insomnia. The treatment plan documented is to refill ongoing medications including Nortriptyline 25mg, Percocet 7.5/325mg, Soma 325mg, OxyContin ER 20mg, Ambien CR 5mg, Floranex, Lidoderm patch 5%, Amicare gel, ranitidine 150mg, Tizanidine 2mg, Zofran ODT 8 mg, and Glucosamine 1000mg. The provider indicated that the insomnia is improved with Ambien; however, the IW indicated that she is only sleeping 4 hours at a time. Urine toxicology screen dated March 5, 2014 indicated that the IW is positive for Zolpidem (Ambien) with a quantitative level of 28.8ng/ml. The urine toxicology screen dated April 30, 2014 indicated that the IW is positive for Zolpidem (Ambien) with a quantitative level of 10.8ng/ml. The urine toxicology screen dated August 11, 2014 indicated that the IW is positive for Zolpidem (Ambien) with a quantitative level of 1913ng/ml.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 5mg, #30 x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Treatment in Worker's Comp, 12 edition, Pain (updated 07/10/14) 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); Zolpidem (Ambien)

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zolpidem (Ambien) is not medically necessary. Zolpidem is not recommended for long-term use, but is recommended for short-term use. Zolpidem is approved for short-term use (usually 2 to 6 weeks) treatment of insomnia. They can be habit forming and may impair function and memory with an opiates. Ambien CR offers no significant clinical advantage over regular release Zolpidem and has a greater frequency of dizziness, drowsiness and headache. In this case, the injured worker has been taking Zolpidem long-term. The first description noted in the medical record was from March 5, 2014. The drug level was 28.8 on a urine drug screen. Normal is up to 10 ng per ml. A repeat urine drug screen for Zolpidem was at a level of 1913 ng/ml. This level is inordinately high. Based on the long-term use of Zolpidem and the high level in the urine drug screen, the Zolpidem refill is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ambien CR (Zolpidem) 5 mg, #30 x2 was not medically necessary.