

<b>Case Number:</b>	CM14-0154237		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/27/1998
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine, and is licensed to practice in New Jersey and New York. 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 74 year-old male who was injured on 7/27/98. He complained of low back and leg pain. On exam, he had diffuse tenderness of his lumbar and sacral spine but no paraspinal muscle spasm. He had normal strength in his lower extremities. He was diagnosed with arthropathy of the pelvic region and thigh, lumbar post laminectomy syndrome, lumbar degenerated disc disease. His medications included Oxycontin, Ambien, Zanaflex, and Cymbalta. The OxyContin provides 80% relief of pain. He had physical therapy and continues a home exercise program. The current request is for continued use of Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #20 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 Chapter, Ambien

**Decision rationale:** The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-

term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The patient has good pain control with his narcotics. Patient claims that without Ambien is back pain worse. However, the risk of long-term use of Ambien currently outweighs benefit and is considered medically unnecessary.