

<b>Case Number:</b>	CM14-0154248		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/28/2014
<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 Occupational 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:

This is a 63-year-old male with a 6/29/00 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/3/14, the patient continued to have lower back pain and right leg pain. He reported his pain as a 6/10 with medications and an 8/10 with medications. Objective findings: tenderness at lumbar spine, tender at facet joint, decreased lumbar range of motion, tender right sacroiliac joint and tender left sacroiliac joint. Diagnostic impression: lumbago, low back pain; myofascial pain syndrome/fibromyalgia. Treatment to date: medication management, activity modification. A UR decision dated 8/28/14 denied the request for Ambien. Based on lack of guidelines support for long term use of this medication, lack of evidence for improved sleep as a result of this medication and no evidence of an emphasis on good sleep hygiene, continued use is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 Chapter - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, it is noted that the patient has been taking Ambien since at least 2/25/14. Guidelines do not support the long term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg #30 with 2 refills was not medically necessary.