

<b>Case Number:</b>	CM14-0159101		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Texas. 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 53-year-old female who reported an injury on 05/25/2007; the mechanism of injury was due to heavy material lifting. On 04/30/2014, the injured worker presented with low back and right lower extremity pain. Her current medications included Lidoderm, Norco, Ambien, Cymbalta, Prilosec, and Neurontin. Diagnosis were lumbar disc radiculitis, degeneration of the lumbar disc, lumbar postlaminectomy syndrome, and right L5-S1 laminectomy and foraminotomy. On examination, the patient had a nonantalgic gait and restricted lumbar range of motion in all planes. There was muscle guarding noted. There was 5/5 strength, decreased sensation to light touch and pinprick in the bilateral L5 and S1 dermatomes. The provider recommended Ambien CR 6.25 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 6.25mg #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/ Treatment in Workers Compensation /Pain: regarding insomnia treatment

**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.

**Decision rationale:** The request for Ambien CR 6.25mg #30 is not medically necessary. The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short term, normally 2 to 6 weeks, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long term use. They can be habit forming and 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. There is lack of documentation of treatment history and length of time the injured worker has been prescribed Ambien. As such, medical necessity has not been established.