

<b>Case Number:</b>	CM14-0164976		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 68-year-old male with an 11/5/03 date of injury. At the time (9/9/14) of the Decision for Ambien 10mg #30, there is documentation of subjective (low back pain, bilateral knee pain, intermittent foot drop, and difficult sleeping) and objective (positive straight leg raise on the right, antalgic gait, decreased sensation in the right anterior thigh, and decreased strength of the right hip flexor and with dorsiflexion of the right large toe) findings, current diagnoses (lumbar post-laminectomy syndrome, lumbar radiculitis, disc herniation, and insomnia), and treatment to date (ongoing therapy with Ambien since at least 7/24/13).

### 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 Stress and Mental Health Illness Chapter 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) Chronic Pain Chapter, Zolpidem Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, lumbar radiculitis, disc herniation, and insomnia. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Ambien since at least 7/24/13, there is no documentation of short-term (two to six weeks) treatment of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 is not medically necessary.