

<b>Case Number:</b>	CM14-0167317		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/13/2001
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 case involves a 51 year-old female with date of injury 10/13/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/29/2014, lists subjective complaints as low back pain. Objective findings include an examination of the lumbar spine revealed tenderness to palpation over the lumbosacral musculature, tenderness at the facet joints at L2-L4 bilaterally, and lumbar paraspinal spasm on the right. No sacroiliac joint tenderness was noted. Reflexes were normal for bilateral lower extremities. Diagnosis included chronic pain syndrome; encounter for therapeutic drug monitoring encounter for long-term use of other medications; lumbago; thoracic or lumbar radiculitis or neuritis; insomnia; foot pain; and status post lumbar fusion L4-5 and L5-S1. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as five months. Medication includes Ambien 10mg, #30 SIG: one tablet at bedtime.

### 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 (ODG), Stress and Mental Illness Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien Â®)

**Decision rationale:** The Official Disability Guidelines (ODG), do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit-forming, and they 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. The patient has been taking Ambien for at least 5 months, much longer than the 2-6 week period recommended by the ODG. Therefore, this request is not medically necessary.