

<b>Case Number:</b>	CM14-0182997		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Management 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 47-year-old male with a 1/15/13 date of injury. At the time (9/8/14) of request for authorization for Ambien 10mg, there is documentation of subjective (moderate to severe low back and left knee pain radiating to the buttocks, hip, leg, and ankle with numbness, burning, tingling, stiffness, weakness, and giving way; and difficulty sleeping due to pain) and objective (positive straight leg raise test, tenderness to palpation over the lumbar paraspinal muscles with spasms, and decreased lumbar range of motion; left knee tenderness to palpation at the lateral peri-patellar region and positive McMurray's test on the left) findings, current diagnoses (lumbar spine sprain/strain, rule out lumbar spine herniated nucleus pulposus, and status post left knee arthroscopy), and treatment to date (Advil, Ibuprofen, and Motrin). There is no documentation of insomnia and an intention for short-term (two to six weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg:** 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), Pain, Zolpidem

**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

**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. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, rule out lumbar spine herniated nucleus pulposus, and status post left knee arthroscopy. However, despite documentation of subjective findings (difficulty sleeping due to pain), there is no (clear) documentation of insomnia. In addition, there is no documentation of an intention for short-term (two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg is not medically necessary.