

<b>Case Number:</b>	CM14-0022402		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/26/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports 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 59-year-old female with reported date of injury of 10/26/01; the mechanism of injury was not provided for review. The injured worker's diagnoses include chronic cervical pain, status post decompression spinal fusion with residual left C6 radiculopathy, headaches, reactive depression related to the chronic pain, gastroesophageal reflux disease associated with pain medication, difficulty sleeping, secondary fibromyalgia, and bilateral ulnar nerve entrapment. The injured worker's current medication use includes Topamax 25 mg (1 to 2 tabs at bedtime), Norco (4 to 5 pills per day), Savella 50 mg (twice a day), Ambien 10 mg (at bedtime as needed for sleep), and AcipHex 20 mg (once a day). The progress report dated 2/11/14 noted that the injured worker had complaints of residual pain following spinal fusion that is now rated at 5-6/10 and radiates down to the left lower extremity. Upon examination it was noted that the injured worker had a somewhat kyphotic posture. It was also noted that the injured worker's range of motion was 50% normal in all planes. Additional examination findings included, localized tenderness in the bilateral levator scapulae and upper trapezoid muscles and a positive Spurling's test on the left side. Neurological examination of the bilateral upper and lower extremities noted 5/5 strength, +2 reflexes throughout with the exception of the left knee which was trace, and a decreased sensation to pinprick in the bilateral ulnar and left C6 dermatome. It was the doctor's recommendation that the injured worker continue with Ambien (1 to 2 mg at bedtime) as needed for sleeping difficulties associated with the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF AMBIEN 10 MG #30 WITH 3 REFILLS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines state that Ambien may be approved for short term use, usually 2-6 weeks, for the treatment of insomnia as this drug can be habit forming, may impair function and memory, and can increase pain and depression over the long term. Based on the documentation provided, it remains unclear how long the injured worker has currently been prescribed this medication. Additionally, there is a lack of evidence to suggest that this medication has provided the desired therapeutic effect. Furthermore, the guidelines state that long term use of this medication could increase pain and depression. As it has been documented that the injured worker has diagnoses of chronic pain and depression, long term use of this medication is not clinically recommended. In addition, the request exceeds the recommended time frame of 2 to 6 weeks. As such, the request is not medically necessary.