

<b>Case Number:</b>	CM14-0027431		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 58 year-old with a date of injury of 01/10/11. A progress report associated with the request for services, dated 01/13/14, identified subjective complaints of low back pain. It was noted that he was using Ambien, which resulted in better sleep. Objective findings included tenderness to palpation of the lumbar spine. Diagnoses included lumbar disc disease; bilateral shoulder hip and knee pain. Treatment has included Ambien as needed and medial branch blocks. A Utilization Review determination was rendered on 02/04/14 recommending non-certification of "Ambien qty 30".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN QTY 30:** 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 (ODG) Pain, Insomnia Treatment; and Mental Illness & Stress, Zolpidem (Ambien); Other Medical Treatment Guideline or Medical Evidence: [www.Ambien.com](http://www.Ambien.com).

**Decision rationale:** Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address zolpidem. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that zolpidem is indicated for short-term treatment of insomnia. They note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term; likewise, the strength was not specified. Therefore, the record does not document the medical necessity for Ambien.