

<b>Case Number:</b>	CM14-0030734		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Acupuncture and 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:

The patient is a 49 year old female injured worker with date of injury 12/31/12 with related low back pain. Per progress report dated 5/8/14, she reported pain 4-6/10 that was aching, numb, pulsating, stabbing, throbbing and tight. The pain was constant but variable in intensity. Stiffness and spasms of the low back were noted. She reported feeling anxious and that the pain was interfering with her sleep. MRI of the cervical spine dated 1/13/06 revealed a left posterior lateral disc extrusion at C5-C6 resulting in significant mass effect on the left thecal sac. A repeat cervical MRI dated 2/26/10 revealed 1-2mm left-sided disc protrusion at C4-C5 and a 3mm broad based left-sided disc protrusion at C5-C6. Lumbar MRI dated 3/8/13 revealed mild spinal canal stenosis at L4-L5 with partial effacement of the lateral recess. There was mild foraminal stenosis associated with this, but no other abnormalities. She has been treated with physical therapy, work restrictions, functional restoration program, and medication management. The date of UR decision was 2/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with one (1) refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter 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) Pain (Chronic), Zolpidem (ambien).

**Decision rationale:** The California MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, 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 documentation submitted for review indicates that the requested medication has been used chronically, even prior to the industrial injury. As Ambien is recommended for short-term use only, medical necessity cannot be affirmed.