

<b>Case Number:</b>	CM14-0032504		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 48-year-old male who was injured on 09/22/2010. The mechanism of injury is unknown. His diagnoses include lumbar disc displacement; lumbosacral neuritis; pain in the joint, lower leg; and lumbago. Prior treatment history has included cortisone injections, medication and physical therapy. The patient underwent lumbar surgery to release trapped nerves on 06/19/2012; revision of lumbar surgery and release of trapped nerves on 06/21/2012; lumbar surgery to remove scar tissue on 06/25/2012; and he underwent surgery to drain the surgical scar due to staph infection on 07/13/2012. Urine drug screen dated 12/19/2013 did not detect prescribed medications, which include Hydrocodone, Carisoprodol, and Tramadol. PR2 dated 10/07/2013 states the patient is unchanged but stable. He sleeps 5-6 hours at night. The patient has been taking medications for approximately one year. The treating provider has requested Ambien CR 12.5mg, one every night # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN CR 12.5MG, ONE EVERY NIGHT #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 Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, this patient has chronic lower back pain with left leg weakness. The patient has been diagnosed with major depressive disorder and insomnia secondary to chronic pain. There is documentation that this patient was taking this medication for approximately 1 year before being discontinued. The ODG does not recommend long-term use and indicates that Ambien can be habit-forming, and it may impair function and memory more than opioid pain relievers. There is also concern that there may be increased pain and depression over the long-term. Medical necessity for the requested item has not been established. The requested item is not medically necessary.